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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02339

	23/0	CERTIFICA	ATE OF DEATH
D. PLACE OF DEATH O. COUNTY WASHINGTON	W 0 3 0	MARYLAND	2. USUAL RESIDENCE (Whe

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND 2	o. STATE MI	NCE (Where decease	b. COUNTY	on: Residence befor WASHING	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 2 DAY	OF STAY IN 16		WN (If outside corporation)	orate limits, write Ri	URAL and give near	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WASH. CO. HOSPITAL		d. STREET ADD	REEN ST.			ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) AUDREY MAXINE	Middle ANG	LE	4. DATE OF DEATH	Mon	th Day	Year 1959
	DIVORCED A	JG. 17,	1911	9. AGE (In years lost birthday) 47 yrs.	Months Days	Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INSPECTOR  AIRCRAF  13. FATHER'S NAME	T	MARYI  4. MOTHER'S M	AND	country)	U.S.	A .
IRA T. ANGLE SR.			BANKARD			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU (16 no. or unknown) (17 yes, give wor or dates of service) 220–16–			ENNINGER	FUNKSTO		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause last.  Conditions (b)  DUE TO  DUE TO  (c)	tacks to	fire.	abarr	nis 4 + Lun	go.	pr18-145
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	G TO DEATH BUT NO	T RELATED TO TI	HETERMINAL DISEAS	SE CONDITION GIV	EN IN PART I(o) 19	. WAS AUTOPSY PERFORMED? YES NO L
	NJURY OCCURRED. (I	Enter nature of i	njury in Part I ar Pa	rt 11 of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUS While Not whi of work of or work	le factory	OF INJURY (Ha , street, affice b	me, farm, 20f. (Cit ldg., etc.)	y or town)	(County)	(State)
ACTUAL SIGNATURE SICKLY NOV.  PHYSICIAN'S SIDNEY NO.	Styph 19  It that death as  INENS	coursed at 6	ADDRESS (S	m the causes a lifeet, city or town,	and on the date state)	DATE SIGNED
BURIAL (Specify) 2/12/59 ROS	E HILL		HAG	TION (City, town, o ERSTOWN	MD.	(State)
FRED W. KRAISS HAGERSTOWN, MD.	S		ATTECID 1 9 150		TRAR'S SIGNATURE	

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uneral director,

the attending physician and campletely filled in by Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death OR: After this certificate has been signed by detached for use as the burial-transit permit.

ATTENDING FHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DI page 3 should be d VS A15 (4) 15M 10/57

Fred W. Kraiss

Hagerstown, Md.

										MAR. DISI	. 110.	
1. PLACE OF DEATH a. COUNTY	Washington			MARYLA	ND	2. USUAL RESID	Md.	ere deceased liv	ed. If instituti b. COUNTY	on: Residence Washi		
b. CITY OR TOWN RURAL and give Hagers		s, write	c. LENGTH	OF STAY IN	1Ь	. 2	own (If a	utside corporate	limits, write R	URAL and gi	ve negrest	lown)
OR INSTITUTION	TAL (If not in hospital, gi	ve street o	oddress)			d. STREET A		ay Ave.	,		0	RESIDENCE N A FARAV
3. NAME OF DECEASED (Type or print)	Fin Cha	rles		Middle F		Athey		4. DATE OF DEATH	Mon 2	ŧh	26°	Year 59
5. SEX male	6. COLOR OR RACE white	WIDOWE	D	DIVORCED [	] :	DATE OF BIRTH	009		AGE (In years lost birthday) 49 yrs.		YEAR IF U	NDER 24 HRS. urs Min.
10a. USUAL OCCUPAT during mast of wo retir	ON (Give kind of work d rking life, even if retired) ed		Md. F		NDUST			w. Va.	(ry)	12. CITIZ	USA	HAT COUNTRY
13. FATHER'S NAME						14. MOTHER'S					-	
	Thomas M. A	they				I	da Ma	e Davis				
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORG (If yes, give wor or dates of se	rvice)	5-10-7			. Anna	J. At	hey H	agersto		i.	
The second secon	ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ise per lin	e far (a), (b)	and (c).]								L BETWEEN ND DEATH
Canditians, if		C	arc	ino	ne	Esc	ph	cons			6	Znv
gove rise to cause (a), stating lying cause last	the under-	è	1	men	/	mi	las	tem				
PART II. OT	HER SIGNIFICANT COND	OITIONS C	ONTRIBUTIN	G TO DEATH	BUTN	NOT RELATED TO	THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW I	NJURY OCCL	JRRED.	(Enter nature of	injury in P	art t ar Part II	of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yea 19	While	Nat wh	ile	facto	CE OF INJURY (Fory, street, affice	tame, farm, bldg., etc.	20f. (City or	town)	(Co	unty)	(State)
21. I certify t	hat I attended the	deceose	ed from /	2-1-	-3	F. 19	, to 2	21	195	Sthot I lo	st saw t	he decease
alive on 2	-25-59	., 19				accurred at_	62 X		he causes o	ind an the		
ACTUAL SIGNATURE	A Muly	Re	(A)	)	м	.D	1	lu	lim 1	he	7	27/-
PHYSICIAN'S NAME (Type)	Sa Hil.	De	115		_	1/1	41	ester	may	/	/	135
REMOVAL (Specify	3-1-59			of CEMETER Have		CREMATORY		Hager	stown	or county)		State)
23. FUNERAL DIRECTO	S SIGNATURE		ADDRE:	SS	111			BY REGISTRAR	24b. REGIS	STRAR'S SIGN		
Fred W. Ki	raige Hag	rerst	own. M	Id.			DATE M	AR 2 '59		irthun S.	Thank	

DATE MAR 2

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VS A15 (4) 15M 10/57

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	1	1
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2351 CERTIFICATE OF DEATH

12341 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived	b. COUNTY	Washir	ngton
RURAL and give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li			nearest town)
	ITAL (If not in hospital, give str	ounty Hospital	/ d. STREET ADDRESS	mithsbur	g #2		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	fint Earl	Middle Rov	losi Bachtell	4. DATE OF DEATH	Mon	th eb.	Day Year 14 19 59
5. SEX Male	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 3/22/1884	los	E (In years t birthdoy) 74 yrs.	IF UNDER 1 YE Months Day	EAR IF UNDER 24 HRS. ys Hours Min.
10a. USUAL OCCUPAT during most af wo Retire		06. KIND OF BUSINESS OR INDU	Near Smit	thsburg			S.A.
13. FATHER'S NAME	H. Bachtell		14. MOTHER'S MAIDEN I	NAME a Barkdol	1		
	/ER IN U. S. ARMED FORCES?	100	David E. Bach	tell, Smi	Addr		Route 2
Conditions, if gove rise to couse (o), stoting lying cause lost	immediate DUE TO	-eneralized 1	Arterio sdero	2515			4 yrs.
PART II. O'  PART II. O'	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIV	EN IN PART 1(a	PERFORMED? YES NO
	/AS UNDERLYING   20b. [ G   CAUSE OF DEATH Y MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	10 WH	d. INJURY OCCURRED 20e. Pl iile Nat while fa work ot work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	n, 20f. (City or ton	wn)	(Coun	ity) (Stote)
Olive on	hot I offended the dece 2-14, 19 harles F. Hess	259,, and that death	M.D	ADDRESS (Street, c	couses o	and on the o	2-15-59
220. BURIAL, CREMATION REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	1+hsburg		or county)	(Slote)
Burial 23. FUNERAL DIRECTOR	2/17/59 R'S SIGNATURE	Smithsbur	240. REC'	Smithsh D BY REGISTRAR B 1 8 '59	24b. REGIS	Washing STRAR'S SIGNA Juny S. The	TURE

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	the constant of the constant o	A Section 1	

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2352	CERTIFICA	TE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY LUAShing for	MARYLAND	2. USUAL RESIDENCE (Where do. STATE)	leceased lived. If institution b. COUNTY	on: Residence before admission) Washimits
RUAL ond give hagers town	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION CO HOS	(ess)	Beng St	reet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ella First	agnes	20	DATE Mont	th Day Year 20 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   WIDOWED [	DIVORCED	Nov 7, 1891	9. AGE (In years lost birthdoy)  yrs.	Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	D OF BUSINESS OR INDUST	Bedford Co	Penner,	12. CITIZEN OF WHAT COUNTRY
John Dennis Barnes		14. MOTHER'S MAIDEN NAME Lavine Cav	9	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or doles of service)	IAL SECURITY NO. 17. IN	FORMANT CALL	Addr.	Meanille Po
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  75. DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.  (c)	r (o), (b), ond (c).] neralized cinema	Carenom	atoris J	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CON		OT RELATED TO THE TERMINAL D		EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIB OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJOK! OCCURRED.	tenter noture or injury in Port I	or Port II or tiem 18.)	
Zoc. TIME OF INJURY Month, Day, Year 20d. INJUI Hour o. jr. 19 While of work	Not while facto	CE OF INJURY (Home, farm, 20 pry, street, office bldg., etc.)	f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive on 1-21-20, 1957  ACTUAL SIGNATURE JUHN A, MI  PHYSICIAN'S JOHN A, MI  NAME (Type)	from TUV 13 ,,, and that death of waw M		/	A, that I last saw the deceased and on the date stated above.  DATE SIGNED  The state of the sta
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22	C. NAME OF CEMETERY OR	CREMATORY 22d.	LOCATION (City, town, o	r county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE TEMPORAL (CONNES CO.)	ADDRESS (	Pa DATE	REGISTRAR 246. REGIST	TRAK'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DI FOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld and detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remayal, and in any event within 72-trans, after death. TO HOSPITAL OR

funeral director, 31d be filed with

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VS A15 (4) 15M 9/55

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A STATE OF THE STA			Anna de Santo

SAME TO SERVICE SERVICES

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2353	CERTIFICATE	OF	DEATH

02343

	- 60							Reg. Dist.	140.	
1. PLACE OF DEATH o. COUNTY WA	SHINGTON		MARYLAND	CTATE	DENCE (WH MARYI		lived. If instituti b. COUNTY		ing TO	,
B. CITY OR TOWN ( RUPA) and give of HAGERST	If outside corporate limits, earest town) OWN	write	LIFE		GERS!		te limits, write F	RURAL and giv	e nearest town	)
d. NAME OF HOSPI WASHINGT	ON COUNTY	HOS	PITAL	d STREET A		AMOTO	C ST.		e. IS RES ON A YES	IDENCE FARM? NO 2
3. NAME OF DECEASED (Type or print)	JOHN First	A	Middle LBERT	BECK Lo.	t	4. DATE OF DEATH	FEBRU		Doy 13	Year 19 59
5. SEX MALE	WHITTE	· MARRI	D DIVORCED	8. DATE OF BIRT		9	. AGE (In years lost bythdoy) 67 yrs.	Months D	YEAR IF UNDE	R 24 HRS. Min.
OPERATO	king life, even if retired)	-	ITY WATER P			or foreign cou YLAND	ntry)		I.S.A.	COUNTRY?
13. FATHER'S NAME  J. FRA	NK BECK			14. MOTHER'S BLA		HARTI	LE			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		social security no. 17. 1 214-09-2250	MRS. M	ABLE	D. BI	ECK H	MGERS'I	MD.	
PART 1. DE/ 14/1. 9 Conditions, if c gove rise to couse (a), stoling lying couse last.	mmediate ( DUE TO	5	graman,	cell costani grain	Cas	- ne	ch t	Euzul	INTERVAL BE	
PART II. OT  20g. ACCIDENT W. OR CONTRIBUTING  (IF EITHER, NOTIFY	Benisu W	tions c	oxic lypes	Tespla	THE TERMII	NAL DISEASE	CONDITION GIV	VEN IN PART 1	PERFO	RMED?
	AS UNDERLYING 1 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature a	injury in P	ort I or Port I	l of item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Year 19	While	Not white of work	ACE OF INJURY (I ctory, street, office	Home, form, bldg., etc.	, 20f. (City o	or town)	(Co	unty)	(State)
21. 1 certify it alive on	at I attended the collection I at I a	lecease , 12.3 Co-	OIA 7	M.D2	1号, 17 W。	_M, from ADDRESS (Street Wash	the causes of the city or town, ington  Maryl	and an the	date state	deceased above. ATE SIGNED
220. BURIAL, CREMATIC REMOVAL ISPECITY BURIAL	2/15/5	9	22c. NAME OF CEMETERY COSE HILT				ON (City, town, GERSTO		(Stot	0)
23. FUNERAL DIRECTOR		Hai	ADDRESS 9	mel.		BY REGISTR		STRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

D FUNERAL P. CIOR: After this certificate has been signed by the attending physician and completely filled in the page 3 shauts, as detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. may be retained TO FUNERAL P VS A15 (4) 15M 9/55

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Year

(State)

2354 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY WASHINGTON MARYLAND MARYLAND WASHINGTON b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and pive monest rown) 65 YRS. HAGERSTOWN d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION
WASHINGTON COUNTY HOSPI d. STREET ADDRESS e. IS RESIDENCE ON A FARM? IRVIN AVE. HOSPITAL YES NO NAME OF DECEASED Middle 4. DATE Month PAMLIE ELIZABETH BENTZ DEATH (Type or print) FEBRUARY 19 59 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years fast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days WHITE WIDOWED X DIVORCED | 90 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. HOME VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM D. SPIKER MARTHA VIRGINIA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Addron AGERSTOWN NONE MD. MRS. PAULINE MEREDITH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m While Not while at wark at work 21. I certify that I attended the deceased from 6 19 5 7 that I last saw the deceased and that death occurred of 7:00 f. M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 1135 POTOMAC AVENUE PHYSICIAN'S HAGERSTOWN. MARYLAND RICHARD T. BINFORD. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOYAL (Specify) ROSE HILL HAGERSTOWN 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR Color & Kraus DATE FEB 9

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 12345 2355 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution, Residence before admission)
o. STATE Maryland b. COUNTY Washington o. cowashington filed MARYLAND ero b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown Hagerstown 34 years d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE Washington County Hospital 8 Wabash Ave. ON A FARM YES NO 3. NAME OF Middle Last 4. DATE Day Month Yeor DECEASED Henry Paul (Type or print) Blair DEATH Sr. February 59 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Hours Male White WIDOWED [ DIVORCED T June 16. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) Aircraft Clearspring U. S. A. Guard Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician car Percy Blair Nora Hull move IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address guipi 214-09-Hagerstown md. Mrs. Mary E. Blair CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: DUE TO Canditians, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour Q. fl. While Not while at work at work p. m. 1952 that I last saw the deceased 21. I certify that I attended the deceased from a and that death occurred at 8:158M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Washington St. 0 O PHYSICIAN'S Hagerstown. Maryland Edward W. Ditto 111

O HOSPITAL may be r page 0 VS A15 (4)

n

death.

ADDRESS F. Minnich & Son

220. BURIAL, CREMATION, 22b. DATE THEREOF

REMOYAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Md. Hagerstown

22c. NAME OF CEMETERY OR CREMATORY

Pauls Cemetery

240. REC'D BY REGISTRAR DATE EB 9

24b. REGISTRAR'S SIGNATURE

(Stote)

Md .

22d. LOCATION (City, town, or county)

Near Clearspring

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HOTE HERW	es braigned and		ton -	anid self-
		34 70025		or exemple.
	www.dandel. 8	Lett'es	of Control Ho	. Salation
		Henry Blo		CL LOWER
	Tune 16, 1910 46		0.12	Male
.A.E	Oleaneprine Md.	fieroria		Gunto
	Horn Hull		7187	
	e. Mory D. Blair			
λ	e Mary M. Blair		THE RESERVE OF THE PERSON NAMED IN	, mar 2000 (MA)
Δ	TEALS Veel .s		THE RESERVE OF THE PERSON NAMED IN	
λ	TERIS .U VIOL .		THE RESERVE OF THE PERSON NAMED IN	
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TO HOSPITAL OR moy be retained TO FUNERAL DE

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2417

### **CERTIFICATE OF DEATH**

(1) 2 4 (1) Reg. Dist. No. 302

	shington		BYLAND O. STATE	NCE (Where decease ryland	b. COUNTY	-	before odmis	
RURAL and give r	port	1 month	0	WN (If outside corpo	rote limits, write R	URAL ond give	e nearest tow	n)
OR INSTITUTION	TAL (If not in hospital, giver Sanitar		/ d. STREET ADD	Washingto	n Stre <b>dt</b>		ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	ANNIE	Mid- CATI	HERINE BLOOM	4. DATE OF DEATH	Februar		Day 3	Year 19 <b>59</b>
5. SEX Female		7. MARRIED NEVER MAN	RRIED 8. DATE OF BIRTH	1869	9. AGE (In years last birthday) yrs.	Manths Do	YEAR IF UND	ER 24 HRS Min.
Housewif	king life, even if refired)	ne 10b. KIND OF BUSINESS	Hager	E (State or foreign of Stown, Max			S.A.	COUNTR
3. FATHER'S NAME  Ch	ristian Heck	man	14. MOTHER'S M		a Dumel			
5. WAS DECEASED EV	R IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY N	O. 17. INFORMANT		Addr	ess		
no		none	Mr. Ray He	eckman	Hagers	town,	Maryla	and
Conditions, if c gave rise to cause (o), stoting lying couse last.	the under-	Diffuse	Athero	scleres	3/5		YVS	
		m	DEATH BUT NOT RELATED TO THE		0.500	EN IN PART 1(	PERF	AUTOPSY DRMED?
	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of in	njury in Part I ar Part	II af item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED While Not while at work at work	20e. PLACE OF INJURY (Hos factory, street, affice b	me, farm, 20f. (City ldg., etc.)	or tawn)	(Cou	nty)	(State)
actual signature Physician's	at I attended the d	~~		49 M, from		that I las nd an the state)	date stat	
NAME (Type)								

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2418 CERTIFICATE OF DEATH

Reg. Dist. No.

02347

7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED Tailroad	c. CITY OR TOWN (IF our rural d. STREET ADDRESS RFD 2  Bonebrake  B. DATE OF BIRTH Jan. 27, 19  JSTRY 11. BIRTHPLACE (STOLE OF	4. DATE Month Feb. Por foreign country)  Co., Penna	e. IS Day UNDER 1 YEAR IF LE	town)  75 X - 3  GRESIDENCE FARM?  SE NO   Yeor 1959  UNDER 24 HRS. aurs Min.
Middle  Walter  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED  Jone 10b. KIND OF BUSINESS OR INDU  railroad  conebrake	rural d. STREET ADDRESS RFD 2  Bonebrake  B. DATE OF BIRTH Jan. 27, 19  JSTRY 11. BIRTHPLACE (Stole of Franklin	4. DATE Month Fe DEATH Por foreign country)  Co., Penna.	e. IS O YE  Doy  UNDER 1 YEAR IF L onths Doys Ho	RESIDENCE PARM? SEND FARM? SEND FARM? SUNDER 24 HRS. Surs Min.
Walter  7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED Tailroad  Tailroad  Tone Drake	Bonebrake  B. DATE OF BIRTH  Jan. 27, 19  JSTRY 11. BIRTHPLACE (Stole of Franklin	Penna  9. AGE (In years in the law in the la	Day  Day  UNDER 1 YEAR IF L anths Days Ho	Yeor 1959 JNDER 24 HRS.
7. MARRIED NEVER MARRIED NUDOWED DIVORCED DIVORCED TOB. KIND OF BUSINESS OR INDUTAIL TOAD	Bonebrake  B. DATE OF BIRTH  Jan. 27, 19  JSTRY 11. BIRTHPLACE (Stole of Franklin	Penna  9. AGE (In years in the law in the la	UNDER 1 YEAR IF L	JNDER 24 HRS.
widowed DIVORCED DIVORCED Tailroad  one lob. KIND OF BUSINESS OR INDUTAILROAD  onebrake	Jan. 27, 19 JSTRY 11. BIRTHPLACE (Stole of Franklin	on foreign country)  Co., Penna.	anths Days Ho	ours Min.
railroad	Franklin	Co., Penna.	12. CITIZEN OF W	HAT COUNTRY
	14. MOTHER'S MAIDEN NA			
TESS 14 SOCIAL SECTIONTY NO. 117		Lucy Hahn		
miles)   feeting		ebrake, Green	castle,	Pa.
0010	Humbre	Ja-	ONSET A	AND DEATH
	eleroner			
DITIONS CONTRIBUTING TO DEATH BU			Pf	AS AUTOPSY ERFORMED?
206. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in Po	art 1 ar Part 11 of item 18.)		
or 20d, INJURY OCCURRED 20e. Pl While Nat while fa	LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.)	20f. (City or town)	(County)	(State)
	h occurred at 11:30	_M, from the causes and	on the date s	the decease stated abave DATE SIGNE
Rest Haven		Hagerstown, 1	Md.	(State)
	use per line for (a), (b), and (c).]  Control of the form of the f	use per line for (a), (b), and (c).]  Containing To DEATH BUT NOT RELATED TO THE TERMIN  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in P.  20d. INJURY OCCURRED (Enter nature of injury in P.  20d. INJURY OCCURRED (Enter nature of injury in P.  20d. INJURY OCCURRED (Enter nature of injury in P.  20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  21. 19. 10. 136 N.  22c. NAME OF CEMETERY OR CREMATORY  Rest Haven Cemetery  ADDRESS  24a. REC'D.  24a. REC'D.	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)  20c. PLACE OF INJURY (Home, farm, 20f. (City or lown) factory, street, affice bldg., etc.)  deceased fram. 2/24/59. 19. ta. 2/24/59. 19. th. 12. and that death occurred at 1.30 M, from the causes and ADDRESS (Street, city or lown, state and ADDRESS (Street, city or lown, state and ADDRESS (Street, city or lown, state and ADDRESS (Street, city or lown, or contains the property of the propert	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. We per While Not while of work of work of the date of the d

funeral director, old perfitted with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DY 10R: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers, Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A1S (4) 15M 9/55

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#### CERTIFICATE OF DEATH

		43	96	CERTII	ICAI	- 01	DEAT			Reg. D	list. No.		
	PLACE OF DEATH o. COUNTY	Washington		MARYL		USUAL R	ESIDENCE (W Maryl		d lived. If institu b. COUNT		nce before		on)
	RURAL ond give ne	f autside carporate limit porest tawn) Stown	ls, write	c. LENGTH OF STAY IN	NIb	c. CITY (	R town (IF		rote limits, write	RURAL ond	give near	est town	)
	d. NAME OF HOSPIT	AL (If nat in hospitol, g		oddress)		d. STREE	T ADDRESS	rederi	ale C+		•		DENCE FARM?
3.	NAME OF DECEASED	ington Cou	st	Middle			Last	4. DATE		onth	Day		rear
	(Type or print)	HAR'		LESUS1			WARD	DEATH		řeb.	6		19 59
S.	Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED ED DIVORCED	-	Jan.6	,1888		9. AGE (In year lost birthdoy) 71 yrs	Months	Days Days	Hours	R 24 HRS. Min.
	Brickla	(ing life, even if retired)	done 10b.	KIND OF BUSINESS OR Construct	tion	E	agerst	own, Mc		12. C	USA	WHAT	COUNTRY
13.	FATHER'S NAME				1	4. MOTH	R'S MAIDEN	NAME					200
		mes W.Bowa				-	elen C	line					
		R IN U. S. ARMED FOR I'll yes, give war or dates of si	rvice)	social security no. 14-09-2933	Harry		oward	728 F	redericl	dress c St.H	lager	stow	n,Md.
MOIT	260 X Conditions, if a gave rise to i couse (o), stating lying couse last.	mmediote the <u>under-</u> DUE TO	, (	Coron Dig by	ary tes	T RELATED	The TO THE TERM	Um INAL DISEAS	LUSIS ECONDITION G	IVEN IN PA	RT 1(o) 19	PERFO	AUTOPSY RMED?
MEDICAL CERTIFICATION	20a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o.m.	CAUSE OF DEATH MEDICAL EXAMINER)	234	_ Not while _	20e. PLACE	OF INJUI	re af injury in RY (Home, farr ffice bldg., etc	n, 20f. (Cit			(County)	16)2	(Stote)
				sed fram 2 -	3	10.9	21	7 -	4 105	that I	last sa		
	actual signature Physicians	at 1 attended the	) <u></u>	77, and that o	death ac	19.3 curred			m the causes		the date		
220	alive an 2  ACTUAL SIGNATURE PHYSICIANS NAME (Type)  C. BURIAL, CREMATIO REMOVAL (Specify)	1 R R	) n D i	77, and that of	M.D.	curred 2	at 66	M, france Address (S	treet, city or town	and an o, stote)  Aug. or county)	S	(Stote	Z-8
	actual SIGNATURE PHYSICIANS NAME (Type)	1 R R 1 R 1 R 1 R 1 R 2 D. DATE THEREO 2/9/59	) n D i	77, and that of	M.D.	curred 2	at 65	M, france Address (S	TION (City, town	and an o, stote)  Aug. or county)	<i>S</i>	(Stote Md	Z-8

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

Sycology Struck AL 18 CTOR: After this certificate has been signed by the ottending physician and completely filled in because 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremotion, or removal, and in any event within 72 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTMORE, TE

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02349

meral director,

2419

CERTIFICATE OF DEATH

Reg. Dist. No.

o. COUNTY Washington MARYLAN	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport 78 yrs.	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) ORINSTITUTION 1322 S. Vermont Street	/d. STREET ADDRESS  132½ S. Vermont St.  e. IS RESIDENCE ON A FARMA YES □ NO
3. NAME OF DECEASED (Type or print) Paisy Alice	Bowers 4. DATE OF DEATH Feb. 10 Doy Yeor 19 59
5. SEX Female  6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	July 11 1880 78 yrs. Moths 29 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  Home	NDUSTRY 11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  U. S. A
Andrew. Blair	14. MOTHER'S MAIDEN NAME Amanda Watson
19	rs. Nellie Rancourt 238 N. Lucerne St.
18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port I or Part II of item 18.)
	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (City or lown) (County) (State)
21. I certify that Lattended the deceased from alive an and that deceased from an and that deceased from an another deceased from another deceased from an anot	of fig., to fig., 19, that I last saw the deceased of a courted of fig., 19, that I last saw the deceased of accourted of fig., 19, that I last saw the deceased of a courted of fig., 19, that I last saw the deceased of the courted of fig., 19, that I last saw the deceased of the courted of fig., 19, that I last saw the deceased of the courted of fig., 19, that I last saw the deceased of the courted of the co
Burial, Cremation, 22b. Day thereof Riverview	
23. FUNERAL DIRECTOR'S SIGNATURE Williamsport	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FEB 1 6 '59  CITTURY S. Frank

may be retained the haspital ar attending physician.

O FUNERAL DIX OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO FUNERAL DIX. TO HOSPITAL OR VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

	TABLETTA DA MARE, MINISPANIE
OF DEATH	STARTING TO THE START OF THE START
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VS A15 (4) 15M 10/57 90

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2357 CERTIFICATE OF DEATH

02350 Reg. Dist. No.

1. PLACE OF I			MARYLAND	o. STATE	(Where deceased	b. COUNTY Was	idence before o	
	TOWN (If outside corporate find give nearest town)	nits, write	c. LENGTH OF STAY IN 16	1		rate limits, write RURAL o	0	
	erstown Md	253	3 Yrs	X Hanco	ck Rur	812		
	F HOSPITAL (If not in haspital,	give street o		d. STREET ADDRES		<u> </u>		S RESIDENCE ON A FARM?
Garloc	k Nursing Ho	me					YI	ES NOT
3. NAME OF DECEASED (Type or pri		irst	Middle	Last	4. DATE OF DEATH	Month	Doy	Year
5. SEX	6. COLOR OR RACI	rtha	Deborah	Breen B. DATE OF BIRTH	J DEATH!	9 ACE (In years   IE (IN)	DER I YEAR IF	19 59
J. JEA	W	WIDOWE	D DIVORCED		868	9. AGE (In years lost birthdoy) 90 yrs.		ours Min.
during ma	CCUPATION (Give kind of works) of working life, even if retire	done 10b. I	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S Washing	. ~		CITIZEN OF W	WHAT COUNTRY?
13. FATHER'S N				14. MOTHER'S MAIDI		alloy Mas	U.D.	<i>(7)</i> . 0
	y Breen			A CONTRACTOR	ine Di	11 on		
15. WAS DECE	ASED EVER IN U. S. ARMED FO	RCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT	.1.10 01	Address		
IYes, no. or unkno	wn) (If yes, give wor or dates o	service)	None Ma	ary M Mill	s Hanc	ock Md.		
Condition gave ricause (o) lying co	se to immediate DUE 1 , stating the under- state use lost.	(b). O (c) NDITIONS <u>C</u>	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TI	ERMINAL DISEASI	CONDITION GIVEN IN	P	WAS AUTOPSY ERFORMED?
	DENT WAS UNDERLYING [] RIBUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY OCCURRI	ED. (Enter noture of injury	y in Part 1 or Part	Il of item 1B.)		
	OF INJURY Manth, Day, Y o. m. p. m. 19	ear 20d. IN While at wark	Nat while fo	LACE OF INJURY (Home, sctory, street, office bldg.,	form, 20f. (City	or town)	(Caunty)	(State)
actual	LavidR	Pru	-0	n accurred at 40		15, 1959, that in the causes and or reet, city or town, store) rung		
PHYSICIAI NAME (Ty	pol David	1	Drewe	7		V		
220. BURIAL, C	(Specify)		22c. NAME OF CEMETERY C			ION (City, town, or coun		(State)
Buri	al lesson	9		Catholic	Hanc			Md.
ZJ. FUNEKAL D	DIRECTOR'S SIGNATURE		ADDRESS		REC'D BY REGIST			
YOU	ded + St	1 Dia	Hancool	mol DATE	FR 2 4 '59	Onthur	8 Kill	

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tems 8,97 FilmG239 3-9-59 et CERTIFICATE OF DEATH

02351

								Kag. Dis	
o. COUNTY WASHING	TON		MARYL		USUAL RESIDENCE (WHO O. STATE MARYLAND	ere decease	d lived. If institu	tion: Residence	e befare admission)
RURAL ond give	(If autside carporate lim nearest town) NN. MARYLANI		LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF o		MARYLAN	RUKAL and g	give nearest tawn)
	PITAL (If not in hospital, s	give street odd	iress)		d. STREET ADDRESS		and the second s	, ,	e. IS RESIDENC ON A FARM YES NO
B. NAME OF DECEASED (Type or print)	Fi	rst	Middle	10_	Lost	4. DATE OF DEATH	Mo	onth A A	Day Year
S. SEX	6. COLOR OR RACE		-LEE		ATE OF BIRTH	DEATH	9. AGE (In year	IF UNDER	
FEMALE	NEGRO	WIDOWED !	DIVORCED	0 77	6/habs 1906		lost birthday)	Months	Days Hours Mi
Oa. USUAL OCCUPATION DOMES	TION (Give kind of work prking life, even if retired TIC	done 10b. KIN	ND OF BUSINESS OR	INDUSTŔY	11. BIRTHPLACE (State WINTERGRE		ountry) IRGINIA	12. CITI	U.S.A.
3. FATHER'S NAME			UC.2:3	1	4. MOTHER'S MAIDEN N				Uabasa
MARSHALL	STEWART				ELIZA TUR	NER			
S. WAS DECEASEDEN	/ER IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFO	RMANT		Ad	dress	
va. vo. or orangeny	(ir yes, give wor or ooile or s	er vice)		S	TANLEY LOVE		KENSIN	IGTON,	MD
Canditions, if gave rise to cause (a), statin lying cause los!  PART II. O  Caro.	g the under-	JUE SUE	of pane	TH BUT NO	T RELATED TO THE TERMI	NAL DISEAS		IVEN IN PART	U mes.  C mes  (a) 19. WAS AUTOP PERFORMED YES PNO
(IF EITHER, NOTIF	JRY Month, Day, Ye	ar 20d. INJU While of wark	Not while	Oe. PLACE foctory	OF INJURY (Home, farm, street, affice bldg., etc.	, 20f. (City	or town)	(Co	ounty) (Ste
21. I certify alive an TS	that I attended the	deceased , 19 53			malas la	M, fran	n the causes treet, city or town	and an th	e date stated ab
PHYSICIAN'S NAME (Type)	VICTER		2000 S	ERY OR CR	Hagers		TION (City, town,	ar caunty)	(State)

VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8

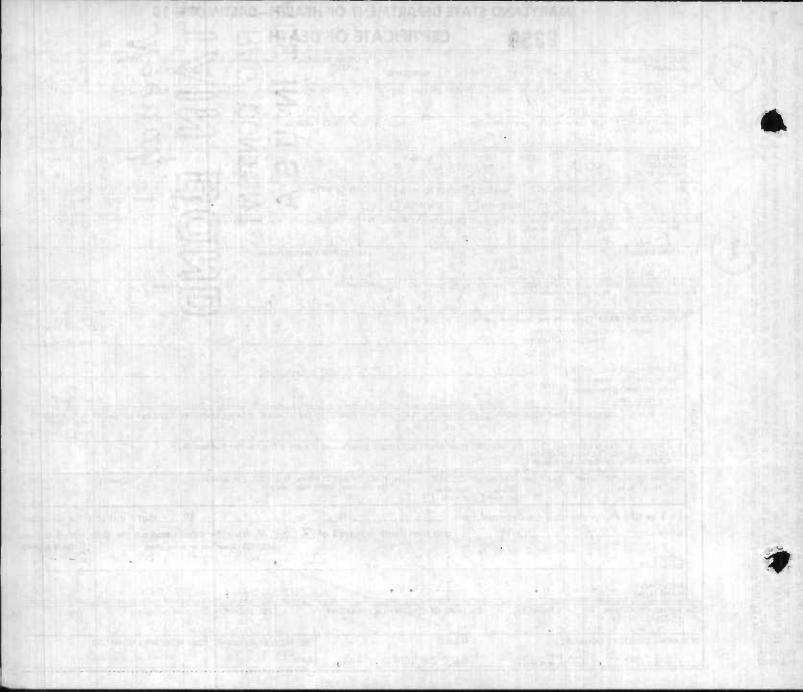
	2359 CERTIFICATE OF DEATH  Reg. Dist. N	. 02352
1.	PLACE OF DEATH O. COUNTY  WAShington  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE  MARYLAND  D. COUNTY  WASH	fore admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	earest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION.  OR INSTITUTION.	e. IS RESIDENCE ON A FARM?
	WASHINGTON GOUNTY-DOA 1819 WASHINGTON HUE	YES NO
3.	NAME OF DECEASED (Type or print) LOUIS First Middle BRUHBAUCH 4. DATE Month OF DEATH FEBRUARY	Day Year 1959
5.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   B. DATE OF BIRTH  MALE  White Widowed Divorced 13 June 1895  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   B. DATE OF BIRTH  Months Doys  Months Doys	Hours Min.
10	du USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN  BAKER  BAEAD  USAST VIRGINIA  U.	OF WHAT COUNTRY
13	JOHN BRUGH NAME NAME SECKMAN	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (I) yes, give wor or dotes of service)  234-01-8247 MR S. MARIE BRUCH BAUCH HACER	shington auc
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:	TERVAL BETWEEN USET AND DEATH Thumed
	Conditions, if ony, which) (b) general Carteries clearly can a	
	gove rise to immediate cause (a), stating the under:  Tying couse lost.  DUE TO  C) Cutter is cluster be on the clipture.	60 yes
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 1
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of work of two or work	(State)
	21. I certify that I attended the deceased from 214 , 1959, to 2/6/59 , 19 , that I last	
	alive on 2/4, and that death occurred at 230P.M, from the causes and an the d	ate stated above
	SIGNATURE Charle W. Wiff or M.D. 217 W. Washington St.	2-9-59
	PHYSICIAN'S Edward W. Ditto 111 M.D. Hagerstown, Maryland	
22	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) SURJAL (Specify) 9 FEB, 1959 ROSEDALE MARTIN. SBURG. N	(State)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	

Hagerstown, Md.

Andrew K. coffman

240. REC'D BY REGISTRAR DATEFEB 1 1 '59

24b. REGISTRAR'S SIGNATURE arily S. Hours



VS A15 (4) 15M 10/57

140

## **CERTIFICATE OF DEATH**

02353

Reg. Dist No

									Keg. Di	1. 140,	
1. PLACE OF DEATH o. COUNTY	WASHINGTO	N	MARYL		2. USUAL RESID	RYLA	ere deceased	lived. If institut b. COUNTY		o before o	dmission)
b. CITY OR TOWN ( RURAL and give n	If outside corporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR T	OWN (If o	utside corpo	rote limits, write l	URAL ond g	jive nearest	town)
HAGIOR	STOWN . M	)~	FEW HOU	JRS	X CLE	CAR S	PRIN	G, MD.	ROUTI	3 1	
OR INSTITUTION	TAL (If not in haspital, g		SPITAL		d. STREET AL	DDRESS IONE					RESIDENCE
3. NAME OF DECEASED (Type or print)	JANNETT	st TE	Middle ,, DORTHY	7	tost BURKET		4. DATE OF DEATH	FEBRU		Day 15	Year 19 5 9
S. SEX	6. COLOR OR RACE	7. MARRI	ED INEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years			JNDER 24 HR
FEMALE	WHITE	WIDOWE	D DIVORCED	O M	larch 3	, 19	126	lost birthday) 3 2 yrs.	Months	Days Ho	ours Min.
	ON (Give kind of work of king life, even if retired) UTIES	done 10b. I	HOUSEWORK				SPRII		12. CITI	U.S.	HAT COUNT
3. FATHER'S NAME					14. MOTHER'S						1
QUI	INTER DANI	IEL K	ING		EI	LEA I	CULS!	C CITILY			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INF	ORMANT			Add	ress		
NO			NONE		JOHN I	ESLI	E BU	RKLTT	CLE	AR SI	RING,
gove rise to i couse (o), stoting lying couse lost.  PART II. OTH	the under- C	)	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	E CONDITION GIV	VEN IN PART	PI	/AS AUTOPSY ERFORMED?
(IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED.	(Enter nature of	injury in P	ort I or Port	II of item 18.)		10.	I NO L
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yeo	20d. IN While of work	Not while		E OF INJURY (H			or town)	(C	ounty)	(Stote
21. I certify the alive an	at I attended the	decease	- //	leath o	7.19 occurred at 4			the causes of reet, city or town			the decease stated albo DATE SIGN
220. BURIAL, CREMATIO REMOVAL (Specify)	1 pm 6	F / 10	22c. NAME OF CEMET	ERY OR C			22d. LOCA	ION (City, town, PAULS	The Attention	e	(Stote)
Some P	s SIGNATURE.	CLE	ADDRESS  EAR SPRING	G. N		240. REC'D	BY REGIST		STRAR'S SIG		

THE A THE HER SET WILL BE A STATE OF 

# FOR STATE HEALTH DEP

in Weetar. Page d our files.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is reexecute the conficate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be in a raded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours offer death. 5M 2/57

VS. A15ME

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 236 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02354

Reg. Dist. No.

p	-							The State of the Laboratory of						
•		PLACE OF DEATH	SH INGTON		M	ARYLAND		MARY		d lived. If instit b. COUNT				
	E	formed distances named bearing	outside corporate limits, write RSTOWN	RURAL	c. LENGTH OF ST	YRS.	c. CITY O		ersto	orole limils, write WN	RURAL or	nd give n	eorest to	wn)
0		1004 HAI	VILTON BL	VD.	pital, give street ad	ldress)	d. STREET /. 112		MILTO	N BLVD			ON	A FARMS
		NAME OF DECEASED (Type or print)	GEORGE		CLYDE		JRKHOÏ		4. DATE OF DEATH	FEBRU	JARY	Day	3 1	9 59
	5. 5	MALE	6. COLOR OR RACE WHITE	7. MARRIE WIDOWED			6/1/J	н -890		9. AGE (In years lost birthday) 68yrs.	IF UNDE Months	R IYEAR Doys	IF UND Hours	ER 24 HRS. Min.
	10a R	. USUAL OCCUPATION In the luring most of working ETIRED S.	N (Give kind of work of life, even if retired) ALESMAN	done 10b. K	IND OF BUSINESS	OR INDUSTRY	11. BIRTHP	ENNS	or foreign co YLVAN	untry) IA	12. CI		S.A	COUNTRY
1	13.	JOHN H.	BURKHOLD	ER			A. MOTHER	MAIDEN N	BÄRTL	ES				
)	15. [Yes		R IN U. S. ARMED FOI	arvice)	SOCIAL SECURITY I			IRGIN	VIA BU	JRKHOLI	-	HAGE	RST M	OWN D.
		PART I. DEATI	H [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per line f	Acute		y Occl	usion.				ONSE	T AND DE	ATH
		Conditions, if on gove rise to immed (o), stoting the u couse lost.	iole couse											
0	CATION	PART II. OTH	ER SIGNIFICANT CONT	Dirions co Cirrho	NTRIBUTING TO DI	iver	T RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	EN IN PA		9. WAS PERFO	AUTOPSY RMED?
	CERTIFICATION	200. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH.	SE WAS TRIBUTING	b. DESCRIBE	HOW INJURY OF	CURRED. (Ent	er noture of i	njury in Port	I or Port II o	f item 18.)				
	MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Month, Day, Yeo	While	NJURY OCCURRED Not while	foctor	OF INJURY (	Home, form, bldg., etc.)	20f. (City	or lown)	-{Cc	ounly)		(Stole)
			at 1 taak charge esulted fram: N							-				d in my
)		ACTUAL SIGNATURE	Robert	· W-			189211	MEDICAL EX				marine	DATE S	IGNED
		EXAMINER'S NAME (Type)	S. Ro	bert W	Wells, M.	D.			E EXAMINER	-	2-4	-59		
	220	BURIAL CREMATION	2/6/5		ROSE H				F7 4	ON (City, town, CRSTOWN	or county)	MI	(Stote	<b>a</b> )
	23.	FUNERAL DIRECTOR'S	SIGNATURE	Hay	ADDRESS/ Versläg	n 1	nd.	240. REC'D	BY REGISTR.		STRAR'S SI			
100			- //	77										The second second

# A CONTRACTOR OF THE PROPERTY O

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 funeral director, For the haspital or attending physician.

CTOR: After this certificate has been signed by the attending physician and campletely filled in a detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and to burial, are manyal, and in any event within 72 yours after death. the registrar prior to burial, cremation, or remaval, and in any be detached for use as the burial-transit TO FUNERAL : TO HOSPITAL

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	2:	362	CERT	IFIC	ATE OF DEATH	1		Reg. Dis	t. No.	2355
1. PLACE OF DEATH 0. COUNTY WASHING			MAI	RYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAND	ere decease	d lived. If institution b. COUNTY.			mission)
	(If outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If or	utside corpo	prote limits, write R	URAL end g	ive nearest	town)
224 0	RSTOWN		18 HOU	RS	X SHARPSB	URG				
d. NAME OF HOSP OR INSTITUTION WASHING			OSPITAL		d. STREET ADDRESS SHARPSBU	RG M	D.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fir	st	Midd	lte	Lost	4. DATE	Моп	th	Day	Year
(Type or print) 5. SEX	CHARLE 16. COLOR OR RACE	1	JACOB		BUSSARD  8. DATE OF BIRTH	DEATH	FEBRUAR	Y LO	1959	19 INDER 24 HRS.
MALE	WHITE	WIDOW	HED NEVER MAR	_	MAV O 1974		9, AGE (In years lest birthdey) 84 yrs.		Days Ho	
10o. USUAL OCCUPAT	ION (Give kind of work	done 10b.			STRY 11. BIRTHPLACE (Stote of	or foreign o		12. CITI	ZEN OF WI	HAT COUNTR
during most of wo	rking life, even if retired	)	OWN FARM		SHARPSBU		ASH.CO.	VIT I	J.S.A	
13. FATHER'S NAME	J Partition (		ON IN TAILUI		14. MOTHER'S MAIDEN N		ADII. 001	CLUP 6	10000	•
WILI	LIAM C.BUS	SAR			CHARLOT	TE A	NN AINS	ORTH	H	
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY N	10. 17. 1	NFORMANT		Add	1031		
NO			VONE	MA	RTIN L. BUSS	ARD	SHARPSBI	URG N	D.	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	47	e for (o), (b), and (	oje	& artin	no	hrose	,	INTERVA ONSET A	ND DEATH
450,0	DUE TO			7/		- 6			1	
Cenditiens, if		)	9						0	
couse (o), stoting lying couse lost	the under- DUE TO		V							
PART II. OT	THER SIGNIFICANT CON	DITIONS O	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	SE CONDITION GI	EN IN PART	PE	REPORMED?
	AS UNDERLYING AS CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of injury in P	ort I or Por	rt II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	ar 20d. II While et wor	Not while	20e. Pt fe	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (Cit	y or town)	, (C	ounty)	(State)
21. I certify t	hat I attended the	deceas	ed fram for	1.1	1958, ta T	W.	11, 195	Sthat I I	ast saw t	he decease
alive on La	forwary /	0, 195	9/1 and the	at death	occurred at 1 DiAS	AM, frai	m the causes			
ACTUAL SIGNATURE	alth H	A	nam		, ,	DORESS (S	itreet, city or town, narpsbur	stote)	d. 2	DATE SIGNE 2/11/5
PHYSICIAN'S NAME (Type)	Walter H.	She	aly M.	2.						
220. BURIAL, CREMATING PERMOVAL (Specify	PEB.13	1959	LOCUST	d .		LOC	UST GRO			(Stote) O.MD

24a. REC'D BY REGISTRAR

MB 1 3 '59

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

ADDRESS

CONSBORD

VS A1S (4) 1SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

# MALILLAND STATE DEPARTMENT OF HEALTH - BALLINGOLE, 18

	HIA	30 30-31	CERTIFICA		
	20				
	25 Library 12 22 V				
		Name of the last			
		ніпалюнт			
		(1 9) L			
			6 6		

27.20

CERTIFICATE OF DEATH

02356

		CERTIFICATE OF DEATH	Reg. Dist. No.
M	1.	a COUNTY II a STATE	d. If institution: Residence before admission)
"	L	WASHING-TON MARYLAND NIFRYLAND	WASH INGTON
		b. CITY OR TOWN (If outside corporate limits, write	imits, write RURAL and give nearest town)
	L	BOONSBORD RURAL HAVEARS X BOONSBORD -	KURAL
00		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	e. IS RESIDENCE ON A FARM?
	L	BOONSBORD MD. K, 2 11 DOONSBORD MD.	YES NO
	3.	NAME OF First Middle Lost 4. DATE OF	Month Day Yeor
		(Type or print) OSIE CONKLIN DEATH +	EBRUAIRY -1- 195
	5.		GE (In years IF UNDER 1 YEAR IF UNDER 24 Hist birthdoy) Months Days Hours Min
	1	-EMALE WHITE WIDOWED DIVORCED WILLY-20-1865	13 yrs.
	10	of USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country during most of working life, even if retired)	12. CITIZEN OF WHAT COUN
/	120	KETIRED OPERATOR OF BEAUTY SHOP! BROOKLYN N	Y. I W.S.A.
( B	13	FATHER'S NAME	
1 4	17	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	CARDNER
	(1)	is, no, or unknown) (If yes, give war or dates of service)	
	-	NO NONE MRS. HERBERT DOLF	DECK RECEIVED
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (6)	7
		DUE TO	
		Conditions, if any, which gave rise to immediate (b)	
		cause (a), stating the under-	
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
٥	CATION		PERFORMED? YES NO
	CERTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of	item 18.)
	Ü	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or to factory, street, affice bldg., etc.)	own) (County) (Sta
	MED	Hour a. m.  While Not while factory, street, affice bldg., etc.)  p. m.  19 at work at work	
		21. I certify that I attended the deceased from Feb. 1 , 1959, to Feb. 1	, 191 7_,that I last saw the deced
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e causes and an the date stated ab
			city or town, stote) — DATE SIG
	Н	SIGNATURE M.D. DOMISO	7-60 2/0/5
- 1		PHYSICIAN'S	and
		NAME (Type) SINILE VA D	1141
	22	P. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION	(City, town, or county) (State)
		BURIAL ITEB. 3, 1954   DOONSBOKO CEMETERY DOONSB	
W.V	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REE'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
1		John O Rash Douston My ones 5 '59	Orthun S. Travel

VS A15 (4) 15M 9/55

13.0408

VS A15 (4) 15M 10/57 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	Washington		o. STATE	Md.	b. COUNTY	Wash	ington
RURAL and give	nearest tawn)	c. LENGTH OF STAY IN 1			porate limits, write R	RURAL and give ne	arest tawn)
		eet address)	4 0		ad		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	first Mary	Middle Elizabeth	Crosswhit	OF		18	19 59
b. COUNTY  Washington  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  BURLAL and give nearest town)  AS years  A Syears  A Syears	Hours Min.						
Home	orking life, even if refired)		Camp	CE (State or foreign bell Co.			
Abn	er Lovely		Luc	inda Murr	ay		
(Yes, no, or unknown)				rosswhite	corporate limits, write RURAL and give nearest town)  Road  Road  ATE		
Cause (a), static lying cause la	of the under of the to of the significant condition of the significant con	cardi ovascul	lar disea	se		VEN IN PART 1(a)	PERFORMED?
	JURY Manth, Day, Year 200 n. VI	nile _ Nat while			ity or tawn)	(County)	(State)
21. I certify alive an F c	cymovilliam T. La	59, and that dec	ath accurred at 1	2:35M, fro ADDRESS Professi	om the causes ( (Street, city or town,	and on the do	DATE SIGNED  2/18/59
REMOVAL (Spec	2-20-59	Rose Hill	L The state of the	На	agerstown		Md.
23. FUNERAL DIRECTO		ADDRESS erstown, Md.		24a. REC'D BY REG	150	- 11	

ST AND STATE OFFICE OF HEALTHS OF ALTHU-COME TO PARTY OF THE PARTY. ANTONIA TO A PART TO THE PART OF THE PART The state of the s puded a time I got a marine subject to in  M

VS A15 (4) 1SM 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2364

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

							Keg. Dist. 140	ð.
1. PLACE OF DEATH o. COUNTY	Washington	MARYI	11 0 9	JAL RESIDENCE (W		d. If institution b. COUNTY		
RURAL and give n	eorest town)					limits, write Rt	JRAL and give ne	earest town)
OR INSTITUTION			/d.		5			e. IS RESIDENCE ON A FARM? YES NO
b. CITY OF TOWN (If outside corporate limits, write RURAL and give necretal town)  Hagerstown  Hagerstown  A. NAME OF CHOSPITAL (fine to in bapitals, give street address)  OR AFTECK Nursing Home  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  OUTSIAN OCCUPATION (Give lited of work done libe. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) nome duties  13. WAS DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. MAGRIED   NEVER MADER BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) (b) DUE TO CONSTRUMING (In print) or social or invented in the part 1. DEATH WAS CAUSED by Arter 10 Secleration Conditions, if only, which gave rise for immediate (b) DUE TO CONSTRUMING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IT PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IT PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IT PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IT PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IT PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IT PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IT PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IT PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO COURRED While Not work of the other part of fine bidgs. etc.]  200. ACCIDENT WAS LODGED TO BE AND WHILE NOT WHILE NOT THE LATE OF TO THE TERMINAL DISEASE CONDITION (County) work of the work of the								
					1 60	st birthdoy)	7	
home	king life, even if refired)			Front Ro	yal, Va.	y)		
	ohn Garmong		f4. M			gers		
1. PARE OF DEATH   C.COUNTY   Washington								
gove rise to i couse (o), sloting fying couse lost.	ony, which immediate the under-	PIONS CONTRIBUTING TO DEA	TH SHIT ALOT BE					
OITAN III. OII	TER SIGNIFICANT CONDIT			LATED TO THE TERM	IINAL DIZEASE CO	NUTTION GIVE	N IN PAKI I(0)	PERFORMED?
	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OC	CURRED. (Enter	noture of injury in	Part I or Part II o	item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.		While Not while	20e. PLACE OF foctory, stre	INJURY (Home, formeet, office bldg., etc	n, 20f. (City or to	own)	(County)	(State)
alive on F		7	death accur	red at 8:00	ADDRESS (Street,	e causes ar	nd on the do	pate stated above
PHYSICIAN'S NAME (Type)	R. A. B	ell, M. D.		Hager	stown,	Maryl	and.	
REMOVAL (Specify)	2-21-59	Bunker			Bunke	r Hill		(Stote) W. Va.
				24a. REC'	FEB 2 4 5	24b. REGIS	Tran's SIGNATU	RE Graces

Transplant and Allen Transplan	
	101111
	001197
As and a Life to time by Junior 1989. The latency of the California Section 1989.	
Takina Elin tenun 2 Elin tenun 2 Elin Elin Kabal daka dakan da baran baran baran baran baran baran baran baran	

TO FUNERAL DI Page 3 should for

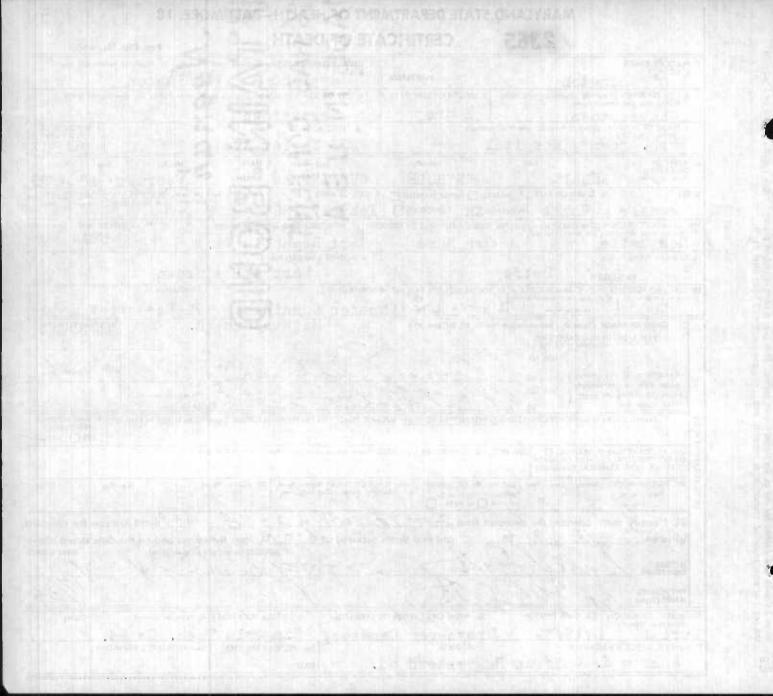
VS A15 (4) 15M 10/57

02359

2365

**CERTIFICATE OF DEATH** 

3. NAME OF DECEASED PURPOSE PRINT OF STREET OF	
a. COUNTY	a. STATE 1st b. CQUNTY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
7 Uma	103 Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Wash. County Hospital	233 Taylor Ave
D. COUNTY CRITOWN (II outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give neorest lown)  Has been a county of the state of the st	
	2001411111
	last birthday) Months Days House Min
Housewife Own Home	Fort Republic Va. USA
COSITUA	
(Yes, no. or unknown) (If yes, give war or dates of service)	
No 214-09-7608 (	Shester Cunningham 921 Frederick Road
	Hagerstown Md. Interval Between onset and Death
2.30 × DUE TO	Tales 3 much
gave rise to immediate cause (a), stating the under-lying cause last.	Tetuck du & tumo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH S	PERFORMED?
20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part 1 ar Part II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.  Hour a. m.  p. m.  19  While Nat while at work at work	PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.)
actual SIGNATURE  PHYSICIAN'S NAME (Type) S.	ADDRESS (Street, city) and state of the date stated above DATE SIGNED M.D.
	Camatany Binggold Wash Co Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Andrew &. Coffman Hagerstown	240. REC'D BY REGISTRAR 9 24b. REGISTRAR'S SIGNATURE DATE  DATE



2388 CERTIFICATE OF DEATH

Reg. Dist. No. 1236()

			b							HOB! D!	J., 140.		
1, P	LACE OF DEATH	WASHINGTON		MARY	AND	2. USUAL RES o. STATE		LAND	lived. If instituti b. COUNTY		ce before o		n)
ь	RURAL ond give	(If outside corporate limi	s, write	c. LENGTH OF STAY	N 1b				ote limits, write R	URAL ond	give neares	town)	
	HAGER	STOWN		38 YRS		AH CO	GERST	OWN					
	OR INSTITUTION	ITAL (If not in hospital, g I. ETNA RO		oddress)		d. STREET / 110:	ADDRESS  3 MT.	ETNA	ROAD			S RESID	ARM?
1 0	NAME OF DECEASED Type or print)	ISAAC Fir		MILTO		DA'	VIS	4. DATE OF DEATH	Mon FEBRI		Day	Ye.	
5. \$				IED NEVER MARRIE		B. DATE OF BIRT		1	AGE (In years lost birthday)	All the same of th	1 YEAR IF	1	7 7
10-	MALE	WHITE	WIDOWE	-	-		/1887		71ya.				
100.	during most of we	ON (Give kind of wark thing life even if retired		CONSTRUCT.		WORK		YLAND	untry)	12. CII	U.S.		OUNTRY?
13. #	JOSEPH	DAVIS				LYD]	S MAIDEN N						
15. V (Yes.	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO. NONE	1	MRS. RI	EBA M	. DAV	IS H	GERN	TOWN		
	PART I. DE.  Conditions, if a gove rise to cause (a), stating lying cause last.	the under-	6	Coron	new fi	y down	cel	Henry	lXis		INTERV. ONSET		
CERTIFICATION		HER SIGNIFICANT CON		ONTRIBUTING TO DEA						EN IN PAR	P	VAS AU ERFORA S   I	MED?
CERTI	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DE30	SKIBE HOW HAJORT OC	CORKEL	, (Enter nature o	at injuty in e	dir i di rom	ii or irem ib.j				
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	RY Month, Day, Yes	While	NJURY OCCURRED Not while at wark	20e. PL/ fac	ACE OF INJURY tary, street, offic	(Hame, farm, te bldg., etc.	20f. (City	or town)	(0	County)		(State)
	21. I certify it alive an	4 - 1 1	919 Du	and that	五	accurred at	101	ADDRESS (SIM	the causes of the causes of the causes of the causes of the cause of t	and an tilestate)	last saw he date	stated	
23. 1	FUNERAL DIRECTOR	1/	14	ADDRESS /		Tuel.	240. REC'E	BY REGISTR	AR 24b. REGI	STRAR'S SIC	GNATURE		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 funeral directar, nould be filed with by the hospital or attending physician. e detoched far use as the buriol-tronsit permit. Then please remove carbon popers. Pages 1 and the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death, may be retained TO FUNERAL CO. page 3 should & VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2367

#### **CERTIFICATE OF DEATH**

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1. PLACE OF DEATH o. COUNTY	Vashington		MARYLAND	2. USUAL RES	DENCE (Where Md.						)
RURAL ond give r	earest town)	ls, wrile	c. LENGTH OF STAY IN 16	1			mits, write R	URAL and	give neare	st town)	
b. CITY OR TOWN I (If outside corporate limits, write RUPAL and give nearest town)  b. CITY OR TOWN I (If outside corporate limits, write RUPAL and give nearest town)  1 A days  4 days  4 days  4 days  4 days  5 STREET ADDRESS  6 LOR ON FARLE  7 STREET ADDRESS  812 SPTUCE St.,  812 SPTUCE St.,  812 SPTUCE St.,  813 SPTUCE St.,  814 DATE  815 DATE  815 DATE  816 DATE  816 DATE  817 DATE  818 DATE  818 DATE  819 DATE  819 DATE  819 DATE  810 DATE  811 DATE  812 SPTUCE  813 DATE  814 DATE  815 DATE  815 DATE  816 DATE  817 DATE  818 DATE  818 DATE  819 DATE  819 DATE  819 DATE  810	RM2										
DECEASED					st 4.	OF		ith	7 Doy		50
male	white	WIDOWE	D DIVORCED	August :	3, 1888	los	70 yrs.		-		24 HRS. Min.
reting most of wor	king life, even it refired	done 10b.		Vi	rginia			12. CIT		WHAT CO	UNTRY?
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(Yes, no, or unknown)	ER IN U. S. ARMED FOR	leaved.			Mae Day	vis H			Md.		
527, 1 Conditions, if a gove rise to i couse (a), stoling lying couse lost.	ony, which mmediate the under-		ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL	DISEASE CON	IDITION GIV	relon,	e Gr	VAS AUT	OPSY
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRI	ED. (Enter nature o	of injury in Port	or Port ff of	item 1B.)	un a	ed v	TE SELVEN	° 🗆
Y 20c. TIME OF INJUI Hour o. m. p. m.		While	_ Not while _ fo	LACE OF INJURY ( octory, street, offic	Home, form, 2 e bldg., etc.)	Of. (City or to	∾n)	(0	County)		(Stole)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	RICHARD T.	12 g	Jenfa Jenfa FORD. M. D.	Mo1135	305fN ADD	fram the	Causes of ity or town,	ind on th state)	ne date	stated	
220. BURIAL, CREMATIC REMOVAL (Specify DULLA)		F	Rose Hill	OR CREMATORY	22d	Hagers		or county)	Md.	(Slote)	
23. FUNERAL DIRECTOR		ersto	ADDRESS own, Md.		240. REC'D BY	REGISTRAR 3 '59		STRAR'S SIC			

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CERTIFICATE	OF	DEATH
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02362

2368	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	400%
1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution b. COUNTY	cecil	ission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown	c. LENGTH OF STAY IN 16 4 months	c. CITY OR TOWN (If or	utside corporate limits, write RL	1.	wn)
PARCE OF DEATH   C. CUNTY COUNTY COULT	ESIDENCE A FARM?				
DECEASED		_	20	/	Year 19 59
Male White wipow	/ED DIVORCED	Sept. 7, 18	80 78 yrs.		
Contractor					
Robert S. De Lau		Ada F.			
(Yes, no. or unknown) . Iff was nive were or dates of services					
1B. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ine for (o), (b), and (c).]			INTERVAL I	D DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the under-	acute myoca	rdial failure		30 k	ırs
. 19	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVE	PERF	ORMED?
		). (Enter noture of injury in P	ort I or Port II of item 1B.)		
ZOC. TIME OF INJURY Month, Day, Year 20d. Hour a. n. None 19 While of we		ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
alive an Feb 27 , 19	59, and that death	occurred at 5:10P	_M, from the causes a	nd an the date sta	e deceased ted above. DATE SIGNED
PHYSICIAN'S C Dahard W.				2-28-59	>
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or		ote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DICTIONARY After this certificate has been signed by the ottending physician and completely filled in by funeral director, page 3 should as detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 filled with the registror prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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MA	RYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
23	69	CERTIFICATE	OF	DEATH	R

o. COUNTY

NAME OF

5. SEX

DECEASED

no

02363

CERTIFICATE OF DEATH 302 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Maryland Washington Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Few minutes Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE or institution washington County Hospital ON A FARM? East Lincoln Ave. YES NO Middle 4. DATE Month Day Year (Type or print) Brenda. A mm Delouney February DEATH 59 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) February 19. Months Doys Min. Female White WIDOWED | DIVORCED | yes. Few 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) none Hagerstown, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Delouney Betty Jane Kelly 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mr. Charles Delouney Hagerstam, Maryland none 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) 30 MINS DUE TO Canditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying cause last (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IX 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day. 20e. PLACE OF INJURY IHome, form, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) o. m While Not while at work ot work 21. I certify that I attended the deceased fram .. ta 195 2, that I last saw the deceased and that death accurred at 37 A. M. from the causes and an the date stated above.

alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

22b. DATE THEREOF

0 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, state)

(Stote)

DATE SIGNED

FUNERAL DIRECTOR'S SIGNATURE TALL Home

BURIAL CREMATION.

REMOVAL (Specify)

Rose Hill Cemetery ADDRESS Hagerstown. Md.

Hagerstown 240. REC'D BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE Inthun S. Meaus

VS A15 (4) 15M 10/57



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VS A15 (4) 1SM 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2370 CERTIFICATE OF DEATH

Reg. Dist. No. 302

											-
1. PLACE OF DEATH o. COUNTY Was	shington		MARYLAN		SIDENCE (WH		d lived. If institut b. COUNTY	-	nce befor		
b. CITY OR TOWN RURAL ond give of Hagersto		, write c.	9 hours	o 3	R TOWN (If o		rote limits, write l	RURAL ond	give nea	rest town	)
OR INSTITUTION	on County Ho			1	East ]	Lincol	n Ave.		•		PARM?
3. NAME OF DECEASED (Type or print)	First <b>Linda</b>		Middle <b>Sue</b>	Deloun	ost <b>ey</b>	4. DATE OF DEATH	Fet	ruar	y 15		Yeor 19 <b>59</b>
5. SEX Female	6. COLOR OR RACE White	7. MARRIED		70 - 7			<ol> <li>AGE (In years lost birthday) yrs.</li> </ol>	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
during most of wo	ION (Give kind of work dorking life, even if retired)	one 10b. KIN	D OF BUSINESS OR II		Hager	rstown		12. C		S.A.	COUNTRY
13. FATHER'S NAME	harles Delou	meur		14. MOTHER	Betty		Kelly				
	ER IN U. S. ARMED FORCE (If yes, give wor or dates of ser	ES? 16. SOC	IAL SECURITY NO.	17. INFORMANT Mr. C	harles		Add	erst	own,	Md.	
Conditions, if of gove rise to couse (o), stoting lying couse lost  PART II. OT	the under-	ITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASI	E CONDITION GI	VEN IN PA	RT 1(o) 15	PERFO	AUTOPSY RMED?
200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)	AS UNDERLYING CONTROL OF CAUSE OF DEATH Y MEDICAL EXAMINER)	POb. DESCRIB	E HOW INJURY OCCU	JRRED. (Enter noture	of injury in F	Port I or Part	t II of item 18.)				
ZOc. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year 19	20d. INJUI While of work	Not while	e. PLACE OF INJURY factory, street, off			or town)		(County)		(Stote)
21. I certify tolive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Rule of the Rule o	deceased , 12 \$ 5		7, 19.5° poth occurred c	1939 1		n the couses of reet, city or town,	and on		e stote	ed obove
220. BURIAL, CREMATION REMOVAL (Specify		22	NAME OF CEMETER				ION (City, town,	or county)		(Stote	
	er Funeral H	ome Ha	ADDRESS agerstown,	Md.	24a. REC'I	BY REGIST		STRAR'S S	- 4 -		la .

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TO HOSPITAL OR

VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2371

**CERTIFICATE OF DEATH** 

								Keg.	. DIST. NO.	704
1. PLACE OF DEATH o. COUNTY	Washington		MARYI	AND	o STATE	Maryla		d. If institution: Res b. COUNTY		e odmission) ngton
b. CITY OR TOWN RURAL and give Hagers tow	(If outside corporate tim nearest town)	its, write	c. LENGTH OF STAY	N 1b		rown (If o		imits, write RURAL c	and give neon	est town)
QR INSTITUTION	County Hos				d. STREET A		shington	n Street	e	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	AUGUSTUS	rst	Middle FREDER	ICK	DIENE		4. DATE OF DEATH	Month February	Day 8	
5. SEX Male	6. COLOR OR RACE	7. MARR	DIVORCEE	~ [	DATE OF BIRTH		01	E (In years IF UN Mont		Hours Min,
10o. USUAL OCCUPAT during most of wo Retired	ION (Give kind of work orking life, even if retired Jewler	done 10b.	KIND OF BUSINESS OF	RINDUST				nsylvani		WHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME			
	ugustus F.					Joseph	nine Karr			
(Yes. no or unknown)	/ER IN U. S. ARMED FOI (If yes, give wor or dofes of	service)			FORMANT			Address		S. Same
no			2-14-7959		s. Berth	na E.	Diener	Hagers	town,	Md.
	EATH [Enter only one contact was CAUSED BY:	ause per lin	1. 0							RVAL BETWEEN ET AND DEATH
A - N	IMMEDIATE CAUSE (	1 /1	meus	000	na				2	days
6101	DUE TO	0	1 - 2-1.	. 7	1	, 0				0
Conditions, if		1-1	momace	cr	ype	yalo	sea			
couse (o), stoting lying couse lost	g the under- DUE TO	0	w	ith	hero	rerz	hoge	•	6	mos.
ICATI	THER SIGNIFICANT CON	enal constant	ONTRIBUTING TO DEA	ir But		Cler	NAL DISEASE CON	NDITION GIVEN IN		PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER]	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature a	f injury in P	art I ar Part II of	item 18.)		
20c. TIME OF INJU Hour a. m. p. m.	10	While	NJURY OCCURRED Not while of work	20e. PLAC facto	CE OF INJURY (I bry, street, office	Home, farm, bldg., etc.	20f. (City or to	wn)	(County)	(State)
21. I certify t	that I attended the	decease	ed from Jen	e 31	0 , 1958	, to 2	eb 8	195 J.tha	t I last say	w the deceased
alive on	26-8		9, and that	death o	occurred at_	8 101	PM, fram the	causes and a		
	100	/	1: 1	1	1			city or town state)		DATE SIGNED
SIGNATURE	behn	6 (	presp	1/2	6	101	Ken	a St	2	
PHYSICIAN'S NAME (Type)	Joseph C	. Cr	isp. M. D		.======		0	<i>P</i>		
	ON, 226. DATE THEREC	OF .	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCATION	(City, town, ar coun	ity)	(State)
REMOVAL (Specify		59	Rest Have	en Ce	metery		Hagers	town.	Mar	vland
23. FUNERAL DIRECTO		Uowa	ADDRESS			24a. REC'E	BY REGISTRAR	24b. REGISTRAR'S	S SIGNATURE	
Sucer - Rou	er Funeral	Home	Hagerston	m, l	1d.	DATEB	1 3 '59	arthur &	Trans	

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

02366 302

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Page 4 director, iled with	"	1.	PLACE OF DEATH					
director filed with			o. COUNTY	Washi	ngton			MARYLAND
eral obe fi			b. CITY OR TOWN	(If outside c	orporote limit		c. LENGTH O	F STAY IN TE
d b			RURAL and give	s town	)		60	voar
executed within 24 haurs after death.  Indicampletely filled in by present on popers. Pages I and 2 emotid be fildeath.			d. NAME OF HOSE	PITAL (If not		ive street o		3 00.2
by day	10	J	or institution	a -	legen	+ He	ne	
in b and		-	NAME OF	NOTIT VIEW	Lesen		1116	Middle
filled ges 1			DECEASED (Type or print)	BERTI	LT A		NOTE A 32	Tarre
ithin 2 ity fille Pages		_	SEX		R OR RACE		NGHAM IED   NEVER	MARRIED
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cample papers.			USUAL OCCUPAT	ION (Give k	ind of work of			
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and bon bon	1	13.	Housewi	16			Own Ho	ome
te be exian and carbon ofter de		1		D.				
physician physician physician haurs car	1	15	WAS DECEASED EN		ngham	FE2 14	SOCIAL SECUE	ITY NO. 17
a physic remove 2 hours		(Ye	No. or unknown)		var or dates of se			
th ding ding yes		-					None	M <sub>2</sub>
e death ce attending n please re			18. CAUSE OF DE	EATH WAS C		use per lin	e for (o), (b), o	0 0
requires that the death certificate be on.  on. signed by the attending physician a sit permit. Then please remove carbond in any event within 72 hours after			3311 4	IMMEDIA	TE CAUSE (o)	<u> </u>	reor 1	il a
by the tree to Theory y event			3341		DUE TO			
amit.			Conditions, if		(0)			
quires igned permi			couse (o), statin	g the under-				
faw req ysician. been si transit al, and		7	lying couse lost		) (c)			
physician as been s al-transit aval, and	0	OF.	PART II. O	THER SIGNIF	ICANT CONL	DITIONS C	ONTRIBUTING	TO DEATH B
	G	CERTIFICATION	00 46610511711			201 2555		
attending artificate h as the bur on, or ren		ERTI	OR CONTRIBUTION	IG 🗌 CAUSE	OF DEATH	206. DESC	RIBE HOW IN	JURY OCCUR
r attendicertificate os the	3.00		(IF EITHER, NOTIF					- 1
HYSIC I or aff iis cert use as mation		MEDICAL	20c. TIME OF INJU Hour o. m		Day, Yea	While	JURY OCCURE Not while	
G PHY bital ar rr this a far use cremal		WE	p, m		19	at work		
bospital After this sed for u			21. I certify	hat I atte	ended the	deceose	ed from	10-6-5
the bos OR: Afth Jetached ta burial,			alive on 2	-12-59		_, 19	, and	that dea
the the detact to but to but			( )	1	. \$		•	
			SIGNATURE	aul	JVa	in	MA	
oine oid oid r pr	1		PHYSICIAN'S D	2 **				
May be retained of FUNERAL DIP page 3 should So the registrar pria			NAME (Type)	aul Ha:	rrison,	, M.	υ.	
OSP ONE Je 3 regi		220	BURIAL, CREMATI	ON, 22b. D	ATE THEREO	F	22c. NAME C	F CEMETERY
may boge the re			Burial (Specific		15/59	3	Rose	Hill
1 1	. 19	23.	FUNERAL DIRECTO	R'S SIGNATU	JRE		ADDRESS	

Washing ton	MARYLAND	o. SAIE rylan	b. COUNTY	ashing to	n ~
b. CITY OR TOWN (If outside corporate limits, wri	te c. LENGTH OF STAY IN 16				
Hagerstown	60 years	a Hagerst	own .		
d. NAME OF HOSPITAL (If not in hospital, give str	eet oddress)	d. STREET ADDRESS		e,	. IS RESIDENCE ON A FARM?
	Home	105 North	Ave.		YES NO
NAME OF First	Middle	Last	4. DATE Mo	nth Day	Year
The second to the second secon	RINGHAM DIN	MHIICH	DEATH Feby		
,			9. AGE (In years	7	
emale White Wide	OWENTED DIVORCED	Jany. 2 187	3 lost birthdoy) 86 yrs.	Months Days	Hours Min.
. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar foreign country) Md.		WHAT COUNTRY
Housewife	Own Home	Leiters		Co U.	S.A
FATHER'S NAME			NAME		
Urias W. Bingham		Susa	n Miller		
WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1			Iress	
No	None Mrs	Miriam Hi	ghbarger 10	5 North	Ave
18. CAUSE OF DEATH [Enter only one cause po				INTER	VAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Cereboral as	/		ONSE	T AND DEATH
334X DUE TO					- June
Conditions, if any, which )				10.00	
gove rise to immediate (					
lying couse lost.					
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GE	VEN IN PART 1(o) 19	. WAS AUTOPSY
					PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part It of item 18.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
		ACE OF INJURY (Home, form	n, 20f. (City or town)	(County)	(Stote)
10 111	III _ ITOI WILLIE	nory, sireer, office blog., en			
21. I certify that I attended the decr	eosed from 10-6-57	19 to	12-13-59 19	that I last say	w the decease
		occurred L.LS F	M from the course	and on the date	stated about
(1) 4/	ALLELY, GIRG INOT GEGIN	occomed die 2227			DATE SIGNE
ACTUAL TOUR SIGNATURE	rism	MD 318 N.	Potomec St.	2-	14-59
		m.v			
NAME (Type) Paul Harrison, M	. D.	Hager	stown, Md.		
	22c. NAME OF CEMETERY O	R CREMATORY -	22d. LOCATION (City, town,	or county)	(Stote)
Burial 2/15/59	Rose Hill C	emeterv	Hagerstown	Wash.	Co Md
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS				
ndrew K. Coffman Ha	gerstown Md.	DATEB	17'59 arih	1 S. France	TO RESE
	D. COUNTY  Washington  B. CITY OR TOWN (If outside corporate limits, wright and give negrest fown)  Hagerstown  d. NAME OF HOSPITAL (If not in hospital, give strong in the control of the	DECASED EVER IN U. S. ARMED FORCES?  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  CONTRIBUTING CAUSE OF DEATH  (FEITHER, NOTIFY MEDICAL EXAMINER)  20. ACCUDATION WAS UNDERLYING OR (c).  20. ACCUDATION WAS UNDERLYING OR (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20. ACCUDATION WAS UNDERLYING OR (c).  20. ACCUDATION WAS UNDERLYING OR (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20. ACCUDENT WAS UNDERLYING OR (c).  21. I certify that I attended the deceosed from OR (c).  PHYSICIAN'S PAUL HATTISON, M. D.  BURSLAC CREMATION, 22b. DATE THEREOF SIGNATURE  PHYSICIAN'S PAUL HATTISON, M. D.  BURSLAC CREMATION, 22b. DATE THEREOF ROME OF COME (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  22c. NAME OF CEMETERY OR (c).  22c. NAME OF CEMETERY OR (c).  PHYSICIAN'S PAUL HATTISON, M. D.  BURSLAC CREMATION, 22b. DATE THEREOF ROME OF CEMETERY OR (C).  BURSLAC CREMATION, 22b. DATE THEREOF ROME OF CEMETERY OR (C).  BURSLAC CREMATION, 22b. DATE THEREOF ROME OF CEMETERY OR (C).  BURSLAC CREMATION, 22b. DATE THEREOF ROME OF CEMETERY OR (C).  BURSLAC CREMATION, 22b. DATE THEREOF ROME OF CEMETERY OR (C).  BURSLAC CREMATION, 22b. DATE THEREOF ROME OF CEMETERY OR (C).  BURSLAC CREMATION, 22b. DATE THEREOF ROME OF CEMETERY OR (C).  BURSLAC CREMATION, 22b. DATE THEREOF ROME OF CEMETERY OR (C).  BURSLAC CREMATION, 22b. DATE THEREOF ROME OF CEMETERY OR (C).	DECOUNTY  Washington  B. CITY OR TOWN (If outside corporote limits, write RUPAL and give negrets flows)  B. CITY OR TOWN (If outside corporote limits, write RUPAL and give negrets flows)  B. CITY OR TOWN (If outside corporote limits, write RUPAL and give negrets flows)  B. C. CITY OR TOWN (If outside corporote limits, write RUPAL and give negrets flows)  B. C. CITY OR TOWN (If outside corporote limits, write RUPAL and give negrets flows)  B. C. CITY OR TOWN (If outside corporote limits, write RUPAL and give negrets flows)  B. C. CITY OR TOWN (If outside corporote limits, write RUPAL and give negrets flows)  B. C. CITY OR TOWN (If outside corporote limits, write RUPAL and give negrets flows)  B. C. CITY OR TOWN (If outside corporote limits, write RUPAL and give negrets)  B. C. CITY OR TOWN (If outside corporote limits, write RUPAL and give street oddress)  B. C. CITY OR TOWN (If outside corporote limits, write College of the give street oddress)  B. C. CITY OR TOWN (If outside corporote limits, write College of the give street oddress)  B. C. CITY OR TOWN (If outside corporote limits, write College of the give street oddress)  B. C. CITY OR TOWN (If outside corporote limits, write College of the give street oddress)  B. C. CITY OR TOWN (If outside college street oddress)  B. C. CITY OR TOWN (If outside college street oddress)  B. C. CITY OR TOWN (If outside college street oddress)  B. C. CITY OR TOWN (If outside college street oddress)  B. C. CITY OR TOWN (If outside college street oddress)  B. C. CITY OR TOWN (If outside college street oddress)  B. C. CITY OR TOWN (If outside college street oddress)  B. D. C. C. CIPY OR TOWN (If outside college street oddress)  B. D. C. C. CIPY OR TOWN (If outside college street oddress)  B. D. C. C. CIPY OR TOWN (If outside college street oddress)  B. D. C. C. CIPY OR TOWN (If outside college street oddress)  B. D. C. C. CIPY OR TOWN (If outside college street oddress)  B. D. C.	December 1	Description of the property of

VS A15 (4) 15M 10/57

PERSONAL SERVICES CARL CHARLES STORES A SEASON SEED MITTER OF THE COLD STREET OF THE

TO HOSPITAL OR may be retained TO FUNERAL DI page 3 should

VS A1S (4) 1SM 10/S7

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1.	PLACE OF DEATH COUNTY Washingt	on		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Washington							sion)
	b. CITY OR TOWN	(If autside carporate limi	ls, write	c. LENGTH OF STA		c. CITY OR	TOWN (If a	utside corpo	rote limits, write RL			est low	n)
		stown		10 Day	78	03 Hag	gerst	own					
Г	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)		d. STREET A					e	. IS RES	SIDENCE
	Wash. C	ounty Hos	pita	ıl		1505	Foun	tain	Hd. Ros	a.d			FARM?
3.	NAME OF	Fir		Midd	le	Los		4. DATE	Mont		Doy		Yeor
L	DECEASED (Type or print)	NILES		PEANER		STERDAY		OF -	February			-0	19
5.	SEX	6. COLOR OR RACE	7. MARR	HEDE NEVER MARE	RIED 🔲	8. DATE OF BIRT	Н	The Ta	9. AGE (In years				
	Male	White	WIDOWI	Second .	Part	May 15			last birthdoy) 59 yrs.	Months	Days	Hours	Min.
	uuring most of wo	ON (Give kind of work rkipg life, even if retired Engineer		ingborn (							IZEN OF	US	COUNTRY
13	FATHER'S NAME		7,5			14. MOTHER'S	MAIDEN N	IAME					
	Willian	Easterda	v				Cece	lia (	Gillis				
15	. WAS DECEASED EV	O. 17. II	NFORMANT			Addr	ess						
	No	Iff yes, give wor or dates of s	ervicej		Mrs				terday 1	505	Ft	Hea	ad Rd
		ATH [Enter only one co	use per lin	ne for (o), (b), and (c	}.]	Hagers	TOWN	TATOL .			INTE	RVAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	a	ente con	rono	ou	elus 1	ore			01436		Come
	420.1	DUE TO	0	de 1 0. 1.	. 1.	Cka		0					0
	Conditions, if		, ch	terio scla	ردهه	clcom	uas	() Tu	ait dis &	ask	12	1/2	- Vie
	gove rise to cause (a), stating	immediate (											
	lying couse lost.												
CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GIVE	EN IN PART		PERFO	RMED?
FE	20g. ACCIDENT W	AS UNDERLYING []	20b. DESC	CRIBE HOW INJURY	OCCUPPE	D (Fater pature o	f injury in P	art Lor Part	I II of item IR I			YES [	NO 🗓
L CERTIFI	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)			o cco xine.	e. (emer nature o		011 7 01 1 011	n or nem to.,				
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yea	While	NJURY OCCURRED  Not while of work	20e. PL/ foc	ACE OF INJURY (I ctory, street, office	Home, farm, e bldg., etc.	20f. (City	or town)	(C	(ounty)		(Stote)
	21. I certify th	hat I attended the	decease	ed fram	81	6 , 19 56	e, to	21	14, 19 59	that [ ]	ast say	w the	deceased
	alive an	2/10	£ 19	19, and tha	t death		0	M. fran	the causes a	nd an th	e date	state	ad abava
		1. 11-	- 1	1					reet, city or town, s		ic duit		ATE SIGNED
	ACTUAL SIGNATURE	John ST.	Hor	nhahr		MD 1	54 We	st Was	shington	St.	2:	16:4	59
										E			
	PHYSICIAN'S NAME (Type)	John H.	Horn	baker, M.I	).	H	lagers	town.	Md.				
22	BURIAL, CREMATIC	ON, 226. DATE THEREO		22c. NAME OF CEA					ION (City, town, or	r county)		(State	el
	Burial	2/17/59		Rest Hay					rstown "		Co	Me	
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		- 94.5 001		BY REGIST					1
A	ndrew K.	Coffman	Hage	erstown A	ld.		DATEB	1 7 '50	011	0 /			

VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page

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8

				Reg. Dist. No. 302			
1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution	n: Residence before admission)			
Washington	MARYLAND	Mary	and b. COUNTY	Washington			
b. CITY OR TOWN (If autside corporate fimits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Hagerstown	1 day	03 142 1	. Potomac Stre	et			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
Washington County Hospit	tal	/ Hagersto	own,	YES NO			
3. NAME OF DECEASED (Type or print) JAMES	Middle CRAIG	ELLIOTT Lost	4. DATE Month OF DEATH February	Day Yeor 17 19 59			
5. SEX 6. COLOR OR RACE 7. MAR	RIED ANEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR			
Male White WIDOW	ED DIVORCED	September 18,	1893 lost birthdoy) 65 yrs.	Months Days Hours Min.			
10a USUAL OCCUPATION (Give kind of work done during most of working tife, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	ar foreign country)	12. CITIZEN OF WHAT COUNT			
Shipping clerk	Foundry	Welsh Ru	in. Penn.	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N					
Frank T. Elliott		Mary Alic	e Hacker				
IYOU DO OF Unknown) . Iff you give was as dates of serviced	Control of the Contro	INFORMANT	Addre				
Yes W. W. I	78-07-8459	Ars. Helen B.	Elliott Hagers	town, Md.			
1B. CAUSE OF DEATH [Enter only one couse per li	ine for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary T	hrombosis		16 hrs.			
4 20. DUE TO							
Canditions, if ony, which ) (b)							
gove rise to immediate cause (o), stating the under-				:			
tying couse last.							
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPS			
CAT	None.			YES NOTE			
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Port I or Port II of item 18.)				
	NJURY OCCURRED 20e. Pt	ACE OF INJURY (Hame, form	20f. (City or town)	(County) (Stote			
Hour o.m. While	Not while fo	ctary, street, office bldg., etc.	)	(coomy) (oio			
	Ti-1- 11	7 FO T	1 10 50				
21. I certify that I attended the decease		1939, to FE	1959 , 1959	,that I last saw the decea			
alive on Feb. 17, 19	59, and that death			nd on the date stated abo			
ACTUAL TAKE	15000		ADDRESS (Street, city or town, st				
SIGNATURE	Jac	M.D. 119 North	1 Potomac St.	Feb.18,195			
PHYSICIAN'S R. A. Bell	, M.D.	Hagers	stown, Maryla	and.			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, or	county) (Slote)			
Burial 2/ 20/ 1959	Rose Hill Co	emetery	Hagerstown,	Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funeral Hom Franklin Rouger	ADDRESS Hagerstown	Md. PATE		RAR'S SIGNATURE			
oranion orange		DAIL.					

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Dies		1-				

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FICATE	OF D	EATH	
IIONIL	O. D		Reg. Dis

	101		weg.	DIST. 140.
1. PLACE OF DEATH  o. COUNTY  WASHINGTON	MARYLA	O STATE	b. COUNTY WASH	dence before admission) EINGTON
b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town) LOCUST GROVE RUE			tside corporate timits, write RURAL on ROVE RUR AL	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	give street address)	d. STREET ADDRESS		ON A FARM? YES NO
	O.ROUTE 1	ROHRERSV		
3. NAME OF DECEASED (Type or print)	rst Middle	ESHELMAN Lost	4. DATE Month OF DEATH FEBRUARY	Doy Year L6 1959 19
5. SEX 6. COLOR OR RACE		5	last birthday) Month	DER 1 YEAR IF UNDER 24 HRS.  S Days Hours Min.
MALE WHITE		- COTODIUM DO 1	1882 76 yrs.	CITIZEN OF WILLY COUNTY
100. USUAL OCCUPATION (Give kind of work during most of working life, even if retired NONE	NONE			J.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
MARTIN ESHELMA	AN	AMELIA	DEWITT	
15. WAS DECEASED EVER IN U. S. ARMED FOR		17. INFORMANT	Address	
(Yes, no. or unknown) (If yes, give war or dates of	NONE	MISS MARTHA F	HAYNES ROHRERSV	
PART 1. DEATH WAS CAUSED BY:	Tom	racy Thurs	mbosis	ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-</u>	b)			
CATIO			HAL DISEASE CONDITION GIVEN IN P	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		URRED. (Enter nature of injury in Po	ort I ar Part II at item 15.j	
20c. TIME OF INJURY Month, Day, Ye Hour a. m. 19	ear 20d. INJURY OCCURRED 2 While Not while of work of wark	e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)		(County) (State)
21. I certify that I attended the olive on ACTUAL SIGNATURE PHYSICIAN'S	Letan		M, from the couses ond on DORESS (Street, city or town, state)	I lost saw the deceased the date stated obove DATE SIGNED
NAME (Type)	hevam		7114	*
220. BURIAL, CREMATION, 226. DATE THERE		ROVE CEMETERY	22d. LOCATION (City, town, or count LOCUST GROVE W	(State) VASH.CO.MD.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	11041	BY REGISTRAR 246. REGISTRAR'S Carthy	

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	Maria Maria	

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2375 CERTIFICATE OF DEATH Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Washington Maryland b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Hagerstown Keedvsvible RFD d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Keedvsville RFD Mulberry Street NAME OF Middle 4. DATE Day Yeor DECEASED OF DEATH (Type or print) Hugh Oliver Fi sher Feb. 1959 22 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) White WIDOWED A DIVORCED [ Sept. 28 Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ret d Farm Owner Farming Eakles Mill Md. U.S.A 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Catherine Kefauver John A. Fisher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 12d Fourth Street Hagerstown Md. No. No Mrs. Albert Bowers 18. CAUSE OF DEATH [Enter only one couse per line for (a),-(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH anningin PART I. DEATH WAS CAUSED BY: Mucatilla. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO F 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

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21. I certify that battended the deceased from

OR CONTRIBUTING CAUSE OF DEATH

20c. TIME OF INJURY Month.

a. m.

ACTUAL

20d. INJURY OCCURRED of work of worke

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)

(County)

that I last saw the deceased

(Stote)

\_, and that death occurred at\_\_\_(n) \_\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) 159 W. Washington St., Hagerstown, Md

PHYSICIAN'S Philip J. Hirshman, M.D. NAME (Type)

220. BURIAL, CREMATION, Feb. 22c. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery 22d. LOCATION (City, town, or county) Sharpsburg Maryland

240. REC'D BY REGISTRAR DATE FEB 2 5 '59

24b. REGISTRAR'S SIGNATURE C.E. A & Tenis

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2376

**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH a. COUNTY	Washington		MAR	YLAND	O STATE	aryla		lived. If institution b. COUNTY		shing		
b. CITY OR TOWN RURAL ond give r Hagerstown	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY	Y IN 1b	c. CITY OR	Hager		ate limits, write R	URAL and g	ive neares	st town)	)
ORINSTITUTION	n County Ho		_		d. STREET	ADDRESS lorth	Ave,					DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	ANNA	st	Middle Middle		GEART	ost P	4. DATE OF DEATH	Febru		Day		ear 9 59
5. SEX Female	6. COLOR OR RACE	7. MARR	DIVORCE	_	B. DATE OF BIR	110	1882	9. AGE (In years last birthday) 76 yrs.	IF UNDER		UNDE	R 24 HRS. Min.
10a. USUAL OCCUPATI during most of wor Housew.	ON (Give kind of work rking life, even if retired Life	dane 10b.	KIND OF BUSINESS	OR INDU		rstow	n, Mar		12. CIT	U.S.		COUNTRY
Ch	ristopher G	Bor	ver				garet	Barmen				
	ER IN U. S. ARMED FOR	CES? 16.		0. 17. 1	NFORMANT	22-01	5	Addi	ress			
no	(if yes, give war or datas or t		none	1	irs. Mar	garet	Stone	r Hagers	town.	Md.		
Canditions, if a gove rise to cause (a), stating lying cause last.	the under-	)	ONTRIBUTING TO DE	EATH BUT	NOT RELATED T	O THE TERMI	INAL DISEASE	CONDITION GIV	'EN IN PART	1(a) 19.	WAS A	UTOPSY
CAT				-							PERFOR	RMED?
THER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	OCCURRE	D. (Enter nature	of injury in I	Part I or Part	Il of item 18.)		XII.		
ZOc. TIME OF INJUI Have a.m. p. m.	RY Manth, Day, Yes	20d. IN While at work	Nat while of wark	20e. PL fo	ACE OF INJURY ctary, street, affic	(Hame, form ce bldg., etc.	20f. (City	or town)	(C	ounty)		(State)
21. I certify II alive an  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	latended the	- 19.3 - A			accurred of	18:240	M, from	the causes a cet, city or town, to mach	nd on th	ast saw ne date	state	deceased d above TE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify Buria)			Rose Hi		R CREMATORY	-5	1000	ON (City, town, o	Mary	and	(State	)
23 FUNERAL DIRECTOR	er Funeral	Home	ADDRESS Hagerstow	m. N	d.	24o. REC'I	D BY REGISTI	RAR 24b. REGIS	TRAR'S SIG			

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### CERTIFICATE OF DEATH

02372 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	rington	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	h COUNTY	tion: Residence before admission)  Y Washington
b. CITY OR TOWN (If a RURAL and give nea Hagers		c. LENGTH OF STAY IN 1b		outside corporote limits, write l	RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION 830 Poton	L (If not in hospital, give s	street oddress)	d. STREET ADDRESS	mac Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle <b>F ISK</b>	Lost GIBBONS	4. DATE Mo OF DEATH February	
5. SEX		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH December 8,	9. AGE (In years lost birthdoy) 68 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION during most of working	ig life, even if refired)	10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Noah Gib	bons		Ma	ry ?	
Yes. no. or unknown) Yes	IN U. S. ARMED FORCES: yes, give wor or dates of service W.W. I	1)	rs. Gertrude		rstown, Maryland
Conditions, if ony gove rise to improve the couse (o), stating the lying couse lost.  Part II. O'HE  200. ACCIDENT WAS OR CONTRIBUTING E  21 [IF EITHER, NOTIFY M	mediote DUE TO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	Hart D	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES IN NO NO
	UNDERLYING 206 CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port 1 or Port II of item 18.)	/3
20c. TIME OF INJURY Hour o. m. p. m.	V	20d. INJURY OCCURRED While Not while foot work of two the of two	ACE OF INJURY (Home, fore ctary, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	of lottended the de	ceased from and that death	70ccurred ot 8530 M.D. 1/35	0	,that I last saw the decease and on the dote stated above, state) DATE SIGNE I Man
220. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY O	PR CREMATORY	22d. LOCATION (City, town,	or county) (State)
Burial (Specify)	3/3/1959	Rest Haven C		Hagerstown.	Md.
3. FUNERAL DIRECTOR'S Suter-Rouze	r Funeral H	ADDRESS	24a. REC	D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE

uneral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 We the hospital ar attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by delached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 to burial premarian ar remaval, and in any event within 72 haurs after death. may be retained the the hospital ar attending physician.

TO FUNERAL DIF 10R: After this certificate has been signed by page 3 should 6.3 detached for use as the burial-transit permit. The registrar priar to burial, cremation, ar remaval, and in any or

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Franken Rouges

TO HOSPITAL OR VS A15 (4) 15M 10/57

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2378

#### CERTIFICATE OF DEATH

02373

1000				Reg. Di	15T. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who		If institution: Residen	nce before admission)
Washington	MARYLAND	194	ha	Fra	OKIN
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If at	utside carporate limit	ts, write RURAL and	give nearest town)
Hagerstown	13/15	Cre	encas 1	1/e	75 x 3
d. NAME OF HOS ITAL (What in haspital, give stree OR INSTITUTION	1 address)	d. STREET ADDRESS	./	1	e. 15 RESIDENCE ON A FARM?
Washington Co. H	fospital	115 N.	All1504	57.	YES NO Z
3. NAME OF First	Middle	Lost	4. DATE	Month	Day Year
(Type or print)	M.	Glaser	DEATH FO	bruary	2, 1959
SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE		TYEAR IF UNDER 24 HRS.
Male white widow	WED DIVORCED	11/19/189	6 6	2 yrs. Months	Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired)	. KIND OF BUSINESS OR IND	USTRY IN BIRTHPLACE (SIDE	ar fareign country)	12. CI	TIZEN OF WHAT COUNTRY
Mail Carrier K	was Mail Cas	Her Frank	111 60.	Tolmo	115A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	/	
Charles B. G	laser	Laura	Bring	dle	
5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO. 17	INFORMANT	10	Address /	00
M	None 7	us. Rhode	B Ha	a Hus	narch 19
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) COT	conary arterior	sclerosis with	thrombosi	is and	6 hours.
	ultant myocard	dial infarction	n.		
Canditions, if any, which )					
gave rise to immediate cause (a), stating the under					
lying cause last.					
	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY
Y .					PERFORMED? YES NOTE
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in P	Part I or Part II of ite	m 18.)	
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
		PLACE OF INJURY (Home, form,		) (	County) (State)
Haur a.m.  p. m.  19 at we	e Not while	actory, street, affice bldg., etc.	)		
	9 9 ]	10.70 4- 00	15/	1050 45-41	land and the dament
21. I certify that I attended the decea					
olive on 2/2/59	, and that deol	th occurred ot5:40A	M, fram the c ADDRESS (Street, city		The date stated above
ACTUAL TIRES			VACABLE OF THE		oate signee
SIGNATURE		M.D. 359 E. Balt			2/3/59
PHYSICIAN'S NAME (Type) W. C. Ringuran M. T.		Greencastle	e, Penna.		
220. BURIAL, CREMATION, 22b. DAJE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (Ci	by lown or county)	151-1-1
REMOVAL (Specify) 2/5/1000	B. Jan III	11 Ph fr.	20.1014	of Educity	State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	p of peris	BY REGISTRAR	24b, REGISTRAR'S SI	GNATURE
It Il h. flormanon	Guacarto	FA DATEFER			
	-0	/ UATE ED	0 00	Cinting ?	de .

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funeral director, ould be filed with may be retained by the hospital ar attending physicion. **D FUNERAL LACTOR:** After this certificate has been signed by the attending physicion and campletely filled in by page 3 shauld & detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, cremation, or removal, and in ony event within 72 hours after death. TO FUNERAL D VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

CERTIFICATE OF BEATH	
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2379

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH 6. COUNTWashington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Wash	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  1. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  1. CITY OR TOWN (If outside corporate limits, write RURAL AND	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Hagerstown	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MARTIN MANOR NURSING Home	d. STREET ADDRESS / 442 Mechanic St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Singleton First Tillberry G	randstaff   4. DATE   Month   OF   DEATH February	11 Year 19 59
5. SEX Male  6. COLOR OR RACE White Widowed Divorced	I and block its a	YEAR IF UNDER 24 HRS. ays Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Machine Sperator  Furniture		EN OF WHAT COUNTRY
13. FATHER'S NAME Singleton T. Grandstaff	14. MOTHER'S MAIDEN NAME Laura Carpenter	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes, give wor or dates of service) 215-18-1996MT	INFORMANT Address Hage	gerst own
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which )  (b)	hemorrhy	INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate cause (o), stating the <u>under-lying cause lost.</u> (c)		0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING COURSE OF DEATH  OR CONTRIBUTING COURSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	12/27/5-8	(o) 19. WAS AUTOPSY PERFORMED? YES NO R
	ED. (Enter nature of injury in Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Please the Company of the Post of the Company of t	ACE OF INJURY (Home, farm, 20f. (City or town) (Cauctory, street, office bldg., etc.)	unty) (State)
SIGNATURE PARTS Dradule	n occurred at 5:258M, from the causes and on the ADDRESS (Street, city or town, state)  M.D. 115 W. Washington St.	st saw the decease date stated above DATE SIGNE
PHYSICIAN'S FIGOR G. Hoachlander  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Hagerstown Md.  PR CREMATORY 22d. LOCATION (City, town, or county)	(0.55)
Burial 2-13-59 Beahm Chape		(State)
23. FUNERAL DIRECTOR'S SIGNATURE  Scott F. Minnich & Son Hagerstow	m Md. DATE FEB 1 3 '59 Cuthung 8:	

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		July wrest	64-61-21 (1-19-59
	a Marian and a ga	Son linearsto	dece F. Eignich E.

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4. funeral director, ald be-fitted with M may be retained by the hospital ar attending physician. TO FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should L3 detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2, the registrar prior to burial, crematian, ar remaval, and in ony event within 72 hours after death.

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2429 CERTIFICATE OF DEATH

12375 Reg. Dist. No.

4466			Ke	g. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WH	here deceased lived. If institution: R	esidence before admission)
Washington	MARYLAND	Marvl		Vashington
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Sandy Hook	c. LENGTH OF STAY IN 16 45 yrs/	c. CITY OR TOWN (If o	outside carporate limits, write RURAL $\mathbf{ok}$	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS Main Sc	toot	e. IS RESIDENCE ON A FARM?
Residence	2	Main Su	reer	YES NOXX
NAME OF First DECEASED (Type or print) JOHN	Middle WILLIAM	GREENWALT	4. DATE Month OF DEATH Feb. 23,	Doy Yeor
Male   6. COLOR OR RACE   7. MARK	RIED   NEVER MARRIED XX	8. DATE OF BIRTH  Jan. 26, 19	lost birthdov)	NDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired)  Trackman (Ret.)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (STONE Loudoun C	or foreign country) ounty, Va.	2. CITIZEN OF WHAT COUNTRY USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Abraham Greenwa			gdaline Mirley	7
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes, no. or unknown)  WW II  70	15_05_0522		Mazie HackTey ville, Marylar	nd
18. CAUSE OF DEATH [Enter anly one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.  (c)	ne far (a), (b), and (c).]	Y THROP	MBOSIS	INTERVAL BETWEEN ONSET AND DEATH
PART 11. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN II	N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO KD
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I ar Part 11 of item 18.)	
Haur a. n. While	NJURY OCCURRED 20e. PL Not white k at work	ACE OF INJURY (Home, form ctary, street, affice bldg., etc.	20f. (City ar town)	(Caunty) (State)
21. I certify that I attended the deceas	2 1/1		AM, from the causes and ADDRESS (Street, city or town, state)	
SIGNATURE Ching Dan 3	Mr.	M.D. 15	So MARYL	AND AKE
PHYSICIAN'S NAME (Type) C. T. BYRON	KAS	BR	UNSHICK	Md 2-35
20. BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify) 2/26/59	22c. NAME OF CEMETERY OF Ebenezer Ce		23. LOCATION (City, town, of con Loudoun Coun	
FUNERAL DIRECTOR'S SIGNATURE  To Musik Cackles H	arpers Ferry	7, W. Va.	D BY REGISTRAR 24b. REGISTRAR	R'S SIGNATURE

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funeral director, ald be filed with

may be retained by the hospital or attending physician.

D. FUNERAL DICTION: After this certificate has been signed by the attending physician and campletely filled in b page 3 shauld & detached for use as the burial-transit permit. Then please remove-earbon papers. Pages I and the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DI

TO HOSPITAL OR

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	raila	CERTIFIC	AIE OF DEATI		Reg. Dist. Na.
o. COUNTWASH	ington	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If instituti  b. COUNTY	on Residence before admission) ashington
b. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write R	URAL and give nearest town)
OR INSTITUTION	l (If not in hospital, give street on County Ho		d. STREET ADDRESS	Side Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	aron New	ton Grim	m Sr.	4. DATE Morn Pebrus	/
Male	White widow		B. DATE OF BIRTH  Eabruary 3.	9. AGE (In years lost but heoy) 60 yrs.	Months Days Hours Min.
Sheet Mete	(Give kind of work done 10b. no life, even if retired)  NOTKET	Aircraft	Bakertor		U. S. A.
	nomas Grimm		14. MOTHER'S MAIDEN I		
	was give were as dates of service)		Mrs. Mary E.	Grimm Hag	gerstown Md.
PART I. DEATH	H [Enter only one cause per li H WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO	ne for (0), (b), and (c).]	c(/4)112 E	My veer dist	INTERVAL BETWEEN ONSET AND DEATH  12 1/2 1/4 5 1/0 42 1
Conditions, if any gove rise to im cause (a), stating the lying couse lost.	mediate Dus 20	2 terios	cherris		1/2673
_	R SIGNIFICANT CONDITIONS	: Hod co.	UT NOT RELATED TO THE TERM  C C C /4  RED. (Enter nature of injury in	11in 1047, C	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO.
20c. TIME OF INJURY Hour o. jr. p. m.	Month, Day, Year 20d. I White of wor	Not while	PLACE OF INJURY (Home, farm factory, street, office bldg., etc	n. 20f. (City or town)	(County) (State)
21. I certify that alive an	l attended the decease 12 Double Co	to c	Manager Chile		
	ldon G. Hoac			rerstown Md	
220- BURIAL, CREMATION REMOVAL (Specify) BUTIAL	2-23-59		n Cemetery	Hagerstown	Md.
Scott F. 1	signature Iinnich & So	n Hagerston	245		STRAR'S SIGNATURE

Hagerstown

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		man in	ino saterall :	roel a nointi	. 2 33000

VS A15 (4) 15M 10/57

**CERTIFICATE OF DEATH** 

92377

Reg. Dist. No.

o. COUNTY	ashington		MARYLAND		ence (Where decease aryland	ed lived. If instituti b. COUNTY	on: Residence bel Washing	ore admiss	lion)
b. CITY OR TOWN RURAL and give Hagersto	(If outside corporate lime nearest town)	its, write	c. LENGTH OF STAY IN 16  1 yr. 2 me	14	OWN (If outside corp				n)
d. NAME OF HOS	PITAL (If not in hospitol, Memorial I	lospi	tal	d. STREET A		ury Stre	eet	e. IS RES ON A YES	FARMA
3. NAME OF DECEASED (Type or print)	Jacob	rst	Middle Henry	Gruber	OF	Feb.		,	Year 19 <b>59</b>
5. SEX Male	White	WIDOWE	- Land	Jan. 4	1870	9. AGE (In years last birthdoy) 89 yrs.	Ments 21	Hours	ER 24 HRS. Min.
Merchan	TION (Give kind of work orking life, even if retired	done 10bg	rind of Business of Indi	W111:	ACE (Stole or foreign	Md.	U.S.		COUNTRY?
13. FATHER'S NAME Sall	nuel Grube	r			therine	Brubaker			
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FOI			informant ir. Vern	on Grube	4 S. Ade Willia	onococ msport	heag	ue St
PART I. D  420.  Conditions, if gove rise to couse (o), stolin lying couse los	immediate DUE TO		ONTRIBUTING TO DEATH BE	UT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	)   01	IP. WAS	DEATH
□ OR CONTRIBUTION	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter nature of	injury in Port I or Po	rt II of item 18.)			NO 🗆
20c. TIME OF INJ	URY Month, Day, Ye	ar 20d. IN While of work	_ Not while _	PLACE OF INJURY (Infactory, street, office	lome, form, 20f. (Cit bldg., etc.)	y or town)	(County	•)	(State)
21. I certify alive on	that I attended the	decepse . 19		M.J. 7, 19 IK occurred at		n the causes of treet, city or town,		ate state	
220. BURIAL, CREMAT REMOVAL (Special Burial	ful /	-59	22c. NAME OF CEMETERY Riverview	-		JON (City, town, o		ylan	
23. FUNERAL DIRECTO	OR'S SIGNATURE	e a	Lelliamst	AN MAI	240. REC'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIGNATION		

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The state of the s	dust none as				
	MALE ET A STATE				

Н	E.	A	LI	H
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please	r. Page	4 should be and orded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained our files.	TO FUNERAL D. CCTOR: Poge 3 should be used as a burial-tronsit permit. File pages 1 and 2 with the State B	-
necessar	directo	90	of	
feloy is	funera	etoined	State E	death.
If any a	to the	ay be r	ith the	s after
death.	and 3	ige 5 m	nd 2 w	72 havr
s ofter o	ges 1, 2	M3. Po	ges 1 c	within
24 hour	Sive Pa	form P	File po	y event
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MEDIC,	e certifi	e	L D. (6)	gndred
EPUTY	cute the	d bluor	JNERA	ar its designated agent, prior to burial, crematian, ar removal, and in any event within 72 haurs after death.
TOD	exe	4 5	TO FL	or
		3.5	SAC	

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
2382 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2378
1. PLACE OF DEATH O. COUNTY Washington  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odd o. STATE Md. b. COUNTY Wash.	mission)
b. CITY OR TOWN    f outside corporate limits, write RURAL ond give nearest town)  Agerstown  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Cavetown	own)
OI	RESIDENCE N A FARM?
	19 <b>59</b>
male white WIDOWED DIVORCED March 10, 1893   Months Days Hours	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA during most of working life, even if retired) welder & machinest machine shop Hagerstown, Md. USA	T COUNTRY?
Mahlon Harrison  14. Mother's Maiden Name Susan L. Bett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT    Yes, no. et unknown	Md.
Hypertensive arteriosclerotic  420. / DUE TO myocardial heart disease  Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause lost.  DUE TO (c)	
YES 🗆	ORMED?
206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)  None  20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. None  19 White of work of work not work not work not work not work not work none	(Stole)
	nd in my
SIGNATURE M.D. CHIEF MEDICAL EXAMINER (	SIGNED
EXAMINER'S NAME (Type)  S. Robert Wells, M.D.  DEPUTY MEDICAL EXAMINER 2  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (St	ote)
burial 2-19-59 Rose Hill Cemetery Hagerstown, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE  Scott F. Minnich & Son, Hagerstown, Md. DATEB 1 9 '59  Civiling S. Kraus.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Washington e. IS RESIDENCE

YES NO TO

Year

19

Min.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

LIVE INTERVAL BETWEEN ONSET AND DEATH

(County)

PERFORMED?

(State)

YES NO

(State)

Davs

U.S.A.

Rea. Dist. No

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2387

02380

					4.08	j. Dist. 140,
1. PLACE OF DEATH o. COUNTY Wash	ington	MARYLAND	2. USUAL RESIDENCE (Wo. STATE Penna	/here deceased lived. b.	If institution: Re. COUNTY Fra	esidence before admission) nklin
b. CITY OR TOWN (If outsing RURAL and give nearest that Hagerstown		c. LENGTH OF STAY IN 16  3 weeks	c. CITY OR TOWN (IF	outside corporate limi	its, write RURAL	and give nearest lawn)
d. NAME OF HOSPITAL (IF OR INSTITUTION Washington C	Annual State of the State of th		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle O.	Hess	4. DATE OF DEATH	Month 2	Doy Yeor 8 1959
5. SEX 6. Co	white widow	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 10/9/1895	9. AGE last	birthday) Man	NDER TYEAR IF UNDER 24 HRS.
	e, even if retired)	. KIND OF BUSINESS OR INDI Landis Machine	USTRY 11. BIRTHPLACE (State		12	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
James Hess			Annie	Johnson		
15. WAS DECEASED EVER IN U (Yes, no. or unknown) (II yes,	give war or dates of service)		Mrs. Ernest O	W-55- 356	Address	Penna. Ave. Waynesboro
Conditions, if any, w gave rise to immed couse (a), stating the un lying cause last.	DUE TO (c) Ar	ssive thrombos teriosclerosis				4 wks.
CATIC		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE COND	HTION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DERLYING THE AUSE OF DEATH CAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of its	em 18.)	
20c. TIME OF INJURY Mo	While		LACE OF INJURY (Hame, form actory, street, affice bldg., etc.	m, 20f. (City or tawr	n)	(County) (State)
			h occurred at 8:35]		causes and o y or town, state)	of I last saw the decease on the date stated above DATE SIGNE 2/9/59
	. Abdullah,			own, Maryl		
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	2/12/1959	Green Hill	OR CREMATORY	Waynesb	oro, Pa	
23. FUNERAL DIRECTOR'S SIGN	ATURE	ADDRESS			24b. REGISTRAR	'S SIGNATURE

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				MINISTER STANSON
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VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2385 CERTIFICATE OF DEATH

Reg. Dist. No. 12381

1.	a. COUNTY Wash	ington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere deceased lived. If instit b. COUN		before odmission) Vashington
	b. CITY OR TOWN (If a RURAL ond give near Hagerstow		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate limits, write Stown	e RURAL and giv	re nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street n County Ho:		d. STREET ADDRESS	curity Road	1	e. ts RESIDENCE ON A FARM? YES NO C
3.	NAME OF DECEASED (Type or print) M	ichael	Middle Ho	rvath	4. DATE OF DEATH Febru	lonth Uary	Day Yeor 19 19 59
5.	Male 6	White Widow	777	B. DATE OF BIRTH  July 2, 188	7 9. AGE (In year lost birthdoy	A	YEAR IF UNDER 24 HRS. oys Hours Min.
L	Mill Oper	g life, even if retired)	KIND OF BUSINESS OR INDUCEMENT	Hungary			S. A.
13	B. FATHER'S NAME	Istvan H	orvath	14. MOTHER'S MAIDEN N	a Varga		
	(If y	N U. S. ARMED FORCES? 16.		Miss Ilona	A	ddress to Cana	ada
	PART I. DEATH	nediote (	arteno al	ve Cordiovos cu nons Pris Thellipus	of		INTERVAL BETWEEN ONSET AND DEATH  Jun.
CATION	- 22		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION (	GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO [
1 CERTIE			CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in f	art I ar Port II af item 18.)		
MEDICAL	20c, TIME OF INJURY Haur a. ji. p. m.	Month, Day, Year 20d. II 19 White at wor	Not while fo	ACE OF INJURY (Home, farm ictary, street, affice bldg., etc.	20f. (City or town)	(Cod	unty) (State)
1	alive on ACTUAL SIGNATURE	Traffended The decease 19	and that death	M.D. 159 W		and on the	st saw the deceased date stated above DATE SIGNED 2/20/59
-		11ip J. Hir:		Hager			
-	BUTTAL (Specify)	2-21-59	Rose Hill	Cemetery	22d. LOCATION (City, fow)		(Stote)
	. FUNERAL DIRECTOR'S S		ADDRESS	24g, REC'I	BY REGISTRAR 24b. RE	GISTRAR'S SIGN	
1	Scott F. M	innich & Sor	Hagerstow	n Md DATEFE	3 2 4 '59 C	Land S. 96	Manual .

24 Dist 166		CERTIFICATE	-3.80%	
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VS A15 (4)

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MARYLAND S 2386		ENT OF HEALTH		8 02382 Reg. Dist. No. 302
1. PLACE OF DEATH o. COUNTY  Washington	MARYLAND	2. USUAL RESIDENCE (Whe	- b COUNTY	n: Residence before admission) Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou Hagers	tside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 613 Sunset Ave.	(dress)	d. STREET ADDRESS /613 Sunset	Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Catherine	Middle  Loretta 1	lost Humelsine	4. DATE Monti	
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED	DIVORCED DIVORCED	B. DATE OF BIRTH May 20, 1878	9. AGE (In years lost birthday) 80 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. Kind during most of warking life, even if retired)  Housewife	IND OF BUSINESS OR INDU		r foreign country) e. Maryland	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME  John A. Moore		14. MOTHER'S MAIDEN NA	me ret J. Martin	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SC (Yes. no. or unknown) (If yes, give wor or dates of service)		Miss. Mary T.	Kumelsine Hag	gerstown, Md.
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under:  DUE TO  DUE TO	for (a). (b). and (c).]	ie Cardio Va	scular Des	INTERVAL BETWEEN ONSET AND DEATH

lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 1957, that I last saw the deceased 21. I certify that I attended the deceased from

alive an tet 25, 1954, and that death occurred at 42 A. M., from the causes and an the date stated above.

ADDRESS (Street, city or town, stote)

DATE SIGNATURE

ACTUAL

SIGNATURE

ADDRESS (Street, city or town, stote)

DATE SIGNATURE

ACTUAL

M.D. 137 W. Washington 2-27-57

PHYSICIAN'S Robert P. Contrad Hagenbrun, ma

22c. NAME OF CEMETERY OR CREMATORY
REMOVAL (Specify)
2/28/1959
2/28/1959
2/28/1959
2/28/1959
2/28/1959
2/28/1959
2/28/1959
2/28/1959
2/28/1959
2/28/1959
2/28/1959

Stuter - Rouzer Funeral Home ADDRESS
R. Franklin Rouser Hagerstown, Md.

24g. REC'D BY REGISTRAR 24b. RE

246. REGISTRAR'S SIGNATURE

(Stote)

Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICAT	E OF	DEATH	Reg. Dist	. No	172	383
2. USUAL RESIDENCE (W			Wash			
Sharpsburg	outside cor	RFD #1	RURAL ond	jive n	earest to	wn)
d. STREET ADDRESS Antietan	1				e. IS R ON YES	A FARM?
Jamison Jr	4. DATE OF DEATH	Feb.	_	Doy 2		959
June 24 195		9. AGE (In years lost birthday) 8 yrs.		ह	Hours	ER 24 HRS. Min.
Hagerstow				S.		COUNTRY?
14. MOTHER'S MAIDEN N Altha		Crampton	n			
ohn Luther		son Sr.	Antie Shar	DE	VAL BETW	EEN
	6					
NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVE	EN IN PART		P. WAS PERFO	AUTOPSY ORMED?
inter noture of injury in Part	I or Port II	af item 18.)				
CE OF INJURY (Home, form, ory, street, affice bldg., etc.)	20f. (Cit	y or town)	(Coun	<b>y</b> )	_	(State)
ve, held on Autopsy cide, Homicide		nspection <b>K</b> , ndetermined co			, ond	find that
M.D. CHIEF MEDICAL EX. ASSISTANT MEDICAL DEPUTY MEDICAL E	L EXAMINE	ER 🗌	2-1	1-5		SIGNED
CREMATORY		TION (City, tawn, o	r county)		(Stot	e)

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S CERTIFICATE OF DEATH	
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#### Items 18-21 FIMARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 23MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) o. COUNTY o. STATE Washington b. COUNTY MARYLAND Washington b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest town) Hagerstown DOA Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Hamilton Hotel- W. Washington St. Washington Co. Hospital YES NO NAME OF Middle Month DECEASED (Type or print) Iohn DEATH 59 Ross lensen 19 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS last birthday) Months Hours male white WIDOWED T 55 DIVORCED 1903 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) lanitor Hotel Hamilton Washington, D. C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl John Jensen Maria Hendrickson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ill yes nive war as dates at service) Mrs. Audrey Jensen 577-01-5836 Hagerstown, Md. 18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Undetermined / / /pendint/ autopet/ report/ IMMEDIATE CAUSE (0) DUE TO Acute barbiturate poisoning Conditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES Z NO [ 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. termi/ned/ 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, form, Month, Doy, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while ??None of work at work 21. I certify that I took charge of the remains described above, held an Autapsy X, Inspection ... Inquiry | and in my apinian death resulted fram: Natural causes , Accident X, Suicide . Hamicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S S. Robert Wells, M.D. DEPUTY MEDICAL EXAMINER NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) burial 2-10-59 Rose Hill Hagerstown Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Cuting S. Thouse Fred W. Kraiss Hagerstown, Md.

		NO 80 3783				
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4						MACHINE I
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	-				Soul .	
					27-10-15 February	
				*		

# OR STATE HEALTH DEPT in necessary, please director. Page director files. wills TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the Conficate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be a factor of the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 4 and 2 with the State B are its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02385

2388	Reg, Dist, No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
" O. COUNTY WASHINGTON MARYL	MARYLAND WASHINGON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN 14 HOURS	3 HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
WASHINGTON COUNTY HOSPITAL	315 FREDERICK STREET YES NO
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) JOHN T.	KEPHART DEATH FEBRUARY 26 1959 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lest highdaut
MALE WHITE WIDOWED DIVORCED	MARCH 26 1896 62 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
THE TAXABLE PARTY OF THE PARTY	CRAFT MYERSVILLE FRED.CO.MD.U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NO RECORD	ALMA ALEXANDER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
NO 224 20 715	MRS,ROOSEVELT GILARDI BOONSBORO MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ture of ribs and sternum 16 hrs
1 8 3 0 8	
Condition if you which	e left patella 16 hrs
gove rise to immediate couse Acute ventri	cular fibrillation
(a), stating the underlying DUE TO	
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
None	PERFORMED? YES NO T
	D. (Enter nature of injury in Part I or Part II of item 18.)
I STEPPINIARY PLACEONTRIBUTING I	nat hit a tree when car failed to negoitate a
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour Not while Not while	factory, street, office bldg., etc.)
	- Limby
21. I certify that ) taak charge of the remains described	
apinian death resulted from: Natural causes . Accide	nt x, Suicide , Homicide , Undetermined manner
ACTUAL SIPOLET Wells	DATE SIGNED
SIGNATURE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type) S. Robert Wells, M.D.	ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   2-27-59
220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETER BURIAL MARCH 1 1959 LUTHERAN	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) CEMETERY MIDDLETOWN FRED.CO.MD.
23. FUNERAL DIRECTOR'S SIGNATURE DODRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
John H. Das Boouse	NO NO DATEMAR 2 '59 Orthun & thous

Edition of the Control of the Contro

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Andrew K. Coffman Hagerstown Md.

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VS A15 (4)

15M 10/57

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certificate

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MARYL	AND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	1

12386 CERTIFICATE OF DEATH 2424 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY MARYLAND ashington vland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Yrs d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION
FRATTINEV Hagerstown d. STREET ADDRESS e. IS RESIDENCE ON A FARM? West Side Ave YES NO TE 3. NAME OF 4. DATE First Middle Last Month Year DECEASED 1959 (Type or print) DEATH February VELONA KTRACOFE IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years S. SEX 7. MARRIED NEVER MARRIED last birthday) Months Female white WIDOWED K DIVORCED TMA 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Fred Co Md. Housewife Own Home Downsville USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Landis David Stroh 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) Snyder Walkersville Mrs Pauline No MONE 18. CAUSE OF DEATH [Enter only one cause per line fag'(a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate DUE TO cause (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20f. (City ar tawn) (County) (State) factory, street, affice bldg., etc.) Hour a. m While Nat while at wark at wark p. m 21. I certify that I ottended the deceased from 1947, that I lost saw the deceased and that death occurred at I A LM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) River View Ceneterv williamsport 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRAR'S'SIGNATURE

VS A15 (4) 15M 10/57

7	as been signed by the attending physician and campletely filled in by	ol-transit permit. Then please remove carban papers. Pages I and 2 swould be filed with	
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	attending	please	within 7
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physician.	s peen s	1-transit	vol one
2	0	0	C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	RE,	18
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**CERTIFICATE OF DEATH** 

8 12387 Reg. Dist. No. 302

	242	25	CERT	TIFIC.	ATE OF DEATH	H		Reg. Dist	1. No. 3	02
1. PLACE OF DEATH Q. COUNTY Washingto	n		MAR	RYLAND	2. USUAL RESIDENCE (WIND STATE Marvland	here decease	b. QUNTY	an: Residence		idmission)
b. CITY OR TOWN (If or	utside corporate timi	ts, write c.	LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF	outside corpo				town)
RURAL and give neare Hagerst		2	25 Yr	g	X Hager	stown	R # 2			
d. NAME OF HOSPITAL	(If not in haspital, g	ive street add			d. STREET ADDRESS	5 00111	1 1 10		e. 1	S RESIDENCE
Wester	n Pike		1		Western	Pike				ES NOX
3. NAME OF DECEASED (Type or print)	BER <b>T</b>	EUGI	Middle NE		ZMILLER	4. DATE OF DEATH	Mon		Day 3 19	Year 5919
5. SEX 6	. COLOR OR RACE	7. MARRIED	NEVER MARI	RIED [	B. DATE OF BIRTH	.j	9. AGE (In years lost birthday)			UNDER 24 HRS.
Male	White	WIDOWED	DIVOR	CED 🔲	June 16 188	84	74 yrs.	Months [	Doys He	aurs Min.
10a. USUAL OCCUPATION during most of working Merchant	g life, even if retired	)	ND OF BUSINESS		STRY 11. BIRTHPLACE (State				USA	VHAT COUNTRY
13. FATHER'S NAME			ie offed		Hagerstown		sh. Co M	a,	USA	
The Part of the Pa										
	tzmille			-	Clara	налиме				
15. WAS DECEASED EVER IF	N U. S. AKMED FOR yes, give war ar dates of s		CIAL SECURITY N		INFORMANT		Add			
No	***************************************			M:	rs Corinne I	R. K1	tzmille	r		
18. CAUSE OF DEATH		use per line l	far (a), (b), and (c	c).]	Hagerst	wn Md	l. R # 2		INTERV	AL BETWEEN
PART I. DEATH	WAS CAUSED BY:	Ca	rcino	m	a Of Va	enc	reas	2		monte
157x	DUE TO				/					
Canditians, if any.	which ) (b	,			U					
gave rise to imm	nediate (	/								
tying cause lost.	under-	The To								
	SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO D	EATH BU	T NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PART		WAS AUTOPSY ERFORMED?
	UNDERLYING  CAUSE OF DEATH COLCAL EXAMINER)	20b. DESCRI	BE HOW INJURY	OCCURR	ED. (Enter nature of injury in	Part I or Par	rt II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	While at wark	Not while of wark		LACE OF INJURY (Home, farm actory, street, office bldg., etc.		y ar town)	(Ce	ounty)	(State)
21. I certify that	Vattended the	deceosed	from CC	3	1958 to 7	-els	3,19.5	9thot 1 le	ost sow	the decease
alive on 1	6.2.	195	9 and the	t death	occurred at 7 %	M from	m the couses of	/		
	(18			or acon			tytely city or town,		e dute	DATE SIGNE
ACTUAL SIGNATURE	VIARS	Dre	wer		M.D. Cla	N D	prine	7/le	7 0	2/6/5
PHYSICIAN'S NAME (Type)	avid	R.L	Bren	ve	>	/	/			
220. BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREC	)F 2	22c. NAME OF CE	METERY C	OR CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stote)
Burial	2/6/59	(	st Paul	a Ce	emetery nea:	cle	ar Spri	ng Wa	ah	Con
3. FUNERAL DIRECTOR'S S	IGNATURE		ADDRESS			D BY REGIST	TRAR 24b. REGI	STRAR'S SIG	NATURE	Hot
Andrew K.	Coffnan	n Hage	erstown	Md	DATEEL	B 9 '5	9 0.3	Over 2. 9	Traus	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2390 CERTIFICATE OF DEATH

Reg. Dist. No.

12389

1. PLACE OF DEAT o. COUNTY	н Washington		MARYLAND	2. USUAL RESI	Md.	nere deceased	lived. If instituti b, COUNTY			
RURAL and ai	/N (If outside corporate lim ve nearest town) Crstown	its, write	c. LENGTH OF STAY IN 16 3 hours		town (if o		ote limits, write R	URAL ond g	ive nearest t	own)
d. NAME OF HO OR INSTITUTI WASH.	Co. Hospital	give street	address)	d. STREET A		Potomac	st.,		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	J ohr		Middle P	Lawrence		4. DATE OF DEATH	Mor 2		17 <sup>Doy</sup>	Year 19 59
5. SEX male	6. COLOR OR RACE white	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT			AGE (In years last bighdoy) yrs.		Doys Hou	NDER 24 HRS.
10a. USUAL OCCUP during most of retit 13. FATHER'S NAME	red	)	KIND OF BUSINESS OR INDU		Cumbe	rland,		12. CITI	U.S	A.
15. WAS DECEASED (Yes, no. or unknown)	DEVER IN U. S. ARMED FOI	arvice)		nformant s. Ethel	-35		Add Hage	rstow	n, Md.	
PART I.  3 3 / ×  Canditions, gove rise t cause (a), stat lying couse I			Evelal Cas	cular	hem	rures	gl		ONSET A	. BETWEEN ND DEATH
2	T WAS UNDERLYING TING CAUSE OF DEATH		CONTRIBUTING TO DEATH BUT					EN IN PART	PEF	AS AUTOPSY RFORMED?
20c. TIME OF IN	NJURY Month, Day, Ye	ar 20d. II While of wor	Not while fo	ACE OF INJURY ( clory, street, office	Home, farm e bldg., etc.	20f. (City o	or town)	(Co	ounty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo)	JOHN ATION, 226. DATE THEREC	12 Tu	ed fram. Tisk / St., and that death Mn. TURCO M.	M.D. 3	11:50	M, fram ADDRESS (SIN	the causes of th	and on the state)  L  S	e date st	
burial  23. FUNERAL DIRECT	2-21-59		Rose Hill			На	gerstown	1	Md	
Fred W.		reret	own Md.		DATE F	EB 2 4 5	9 24b. REGIS	other S.		0.

STATISTICS TO A SECURITION OF STATE OF CERTIFICATION OF ATTHECK should be a TO ME BOOK A CONTROL OF THE PARTY OF T E TO WITH E THE PARTY OF THE PA Topol or tenders of being commercial

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2391	CERTIFICATE	OF	DEATH	

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28/323XV3

Rea. Dist. No.

02390

1. PLACE OF DEATH O. COUNTY MARYLAND	o. STATE	b. COUNTY	nn: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If or	utside carporate limits, write RI	NASHING TUN  URAL and give nearest town)
HAGEISTOVIN TWO DAYS	X SHAR	DSBURG	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AND COMMENTAL COMMENTS (IN A COMMENT)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO (2)
MASHINGTON COUNTY HOSPITAL  3. NAME OF First Middle	Last	4. DATE Mon	
DECEASED (Type or print)  DUANE ERIC	MARSHALL	OF DEATH TEBRUA	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NO   NEVER MARRIED   NEVER MARRIED	-	9. AGE (In years last birthday) yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE State	131	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	HAGERSTOW		ol U.S.A.
LUTHER MARSHALL	ALIC	E POOLE	
(Yes, no or unknown) (If yes, give wor or dates of service)	UTHER MARS	SHALL SHAL	RPSBURG- MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral ate	alectasis wi	th hvaline	membrane 2 da
7605 IMMEDIATE CAUSE (o) BITALETAL 30	ALCO OCOLO WA	ou my and and	
Continue to Rilateral tea	rs of the to	entorium cer	rebelli 2 Days
gave rise to immediate	ID OI OHE O	ciiooiiam cci	Cociai a Daye
couse (a), stating the under.  lying cause last.  DUE TO  Prematurity	y 1 month	a birth in	njury.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in P	art I ar Part II af item 18.)	
A Hour a.m. While Not while fo	LACE OF INJURY (Home, form, actory, street, office bldg., etc.,		(County) (State)
		100	
21. I certify that I attended the deceased fram. Dirth	10 10	reb. 3 1959	that I last saw the decease
alive on Feb. 2, 1959, and that geath	accurred at 9:301	M, fram the causes a	nd an the date stated abov
0.10th 11 Ch. 1/2		ADDRESS (Street, city or town,	state) DATE SIGN
SIGNATURE MALLE H. SHLAW	M.D	Sharpsburg,	Md. Feb. 3,
PHYSICIAN'S Walter H. Shealy M. D.			
220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMENTY OF	OR CREMATORY	22d. LOCATION (City, town, o	or county) (State)
BIRIAL (Specify) FEB 4.1959 SAMPLES M	ANOR CEMETE	RY SAMPLES !	VIANOR WASH.CO.N
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			STRAR'S SIGNATURE
John W. Dost BronsBor	NAO FE	.50	wing D. Turne.

VS A15 (4) 15M 9/55

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VS A1S (4) 1SM 10/S7

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2392

### **CERTIFICATE OF DEATH**

02391

Reg. Dist. No. 302

1. PLACE OF DEATH  o. COUNTY  Washington	MARYLAND	2. USUAL RESIDENCE (When on STATE Maryland	re deceased lived. If institution: Reside b. COUNTY WASHINGTON	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	Iside corporate limits, write RURAL and	give nearest town)
Hagerstown	12 Weeks	03 Hagersto	wn	
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Wash County Hospital		111 No Lo	cust St	YES NO K
3. NAME OF DECEASED (Type or print) ANNTE, N	MIDDLE KAUFF-	MORRIDE.	4. DATE Month OF DEATH February	Doy Yeor 13 195919
5. SEX   6. COLOR OR RACE   7. MAR		B. DATE OF BIRTH		
Female White wow	/ED DIVORCED ]	November 8 1	9. AGE (In years lost birthdoy) Months 74 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	. KIND OF BUSINESS OR INDU	Yarrowsbu	r foreign country) Md. 12. C	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	5 H 11 -10 LIIO	14. MOTHER'S MAIDEN NA		
Lewis P. Kaetzel		taura M	Fouch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 117.	INFORMANT	Address	
(Yes, no. or unknown) (If yes, give wor or dates of service)			Bride 111 No L	ocust St
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY:	ine (6) (o), (b), and (c).]	Hagerst	own Md.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	1 Julian	mus -	7	2 clay
Conditions, if ony, which (b)	Gulm	mary	edema	6-8 mos
gove rise to immediate couse (a), staling the under-		/		
, (e)	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PA	RT MOL 19. WAS AUTOPSY
3 Hyperlenson,	artennele	notif loan	A disease ten	PERFORMED?
OR CONTRIBUTING   CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Port II of item 18.)	
A Hour a.m. While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that I attended the deceas	sed fram 23 JUNE	, 19.57, to 13	FEBRUARY 19 59 that I	last saw the deceased
alive an 13 FERRUARY 19	59 , and that death	occurred at 2:50 P	M, from the causes and on	the date stated above
() -0 0	10		DDRESS (Street, city or town, state)	DATE SIGNE
SIGNATURE KICKANA	1. But	M.D. 9 1135 POT	QMAC AVENUE	2/11/5
	11		MIN3 9	
PHYSICIAN'S RICHARD T. BINFO	RD, M. D.	HAGERSTO	WN. MARYLAND.	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C		2d. LOCATION (City, town, or county)	(Stote)
Burial 2/16/59	Rose Hill		lagerstown Wash	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR'S S	
Andrew K. Coffman Ha	agerstown Md	DAVEB 1	7'59	

81,00	DIMELIAS HTLAZH PO THEMTBASED STATE CHILAY HAM	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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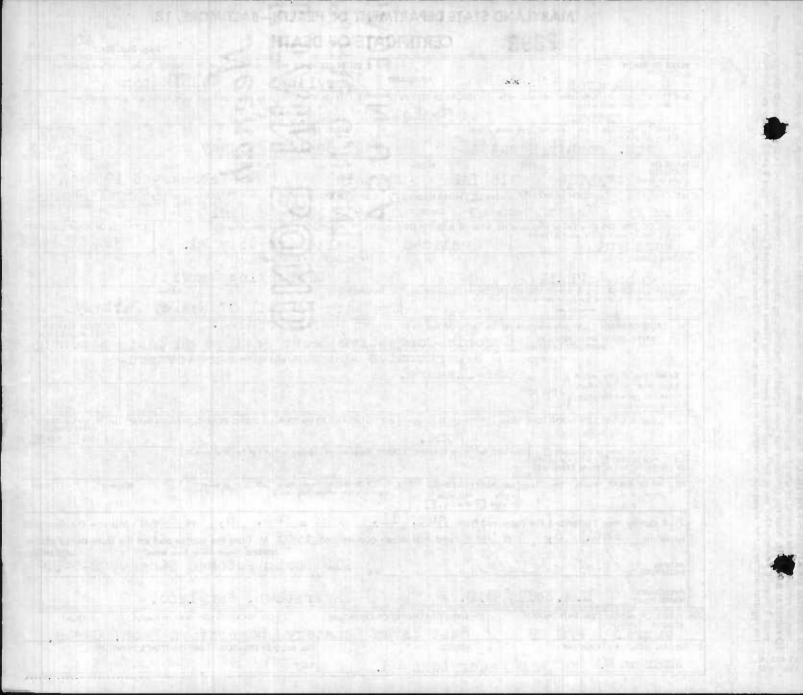
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1802393 2393

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 302

1. PLACE OF DEATH O. COUNTY Washim gton MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Washington
b. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 4 Weeks	03 Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO K
Wash. County Hospital	
3. NAME OF DECEASED (Type or print) WALTER WILLIAM MO	PHAIL Lost PATE Month Day Year PHAIL PATE PEATH February 5 1959 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	May 6 1907 S1 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if refired)	Baltomore City Md. USA
A	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	
John McPhail	Clementine Merritt
	INFORMANT Address
(Yes no, or unknown) (If yes, give wor or dates of service)	s Mary McPhail 27 Mealey Parkway
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Hagerstown Md. Interval Between
PART I. DEATH WAS CAUSED BY: Chronic Conges	stive Heart Failure on basis 6 months
1443 X IMMEDIATE CAUSE (6) OF Hymertengis	ve Atheromatous Cardiovascu-
	ve Atheromatous Cardiovascu-
Conditions, if ony, which   lar Disease.	
gove rise to immediate DUE TO	
lying cause lost. (c)	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
None	PERFORMED?
None.	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port 1 or Part II af item 18.)
Hour o. m. While Not white	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram Aug . 11	1, 19 58, to Feb. 5, 19 59that I last saw the deceased
alive on FED's 7, 19 23, and that death	h occurred at $5:45P$ M, fram the causes and an the date stated above
A A SIOI	ADDRESS (Street, city or town, stote)  DATE SIGNE
ACTUAL SIGNATURE	Mp. 119 North Potomac Street, 2-6-59
PHYSICIAN'S R.A.Bell, M.D.	Hagerstown, Maryland.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 2/8/59 Rest Have	en Cemetery Hagerstown Wash. Co Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Amdrew K. Coffman Hagerstown Mo	DATE EB 9 159 Corthur S. Frank

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death. Page

within 24 hours

death certificate

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2395 **CERTIFICATE OF DEATH** 

Reg. Dist. No.302

02395

1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	ere deceased lived. If institution b. COUNTY		efare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, write R	-	nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give stree ORINSTITUTION  Sh. County Hospit	t address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NOW
3. NAMÉ OF First DECEASED (Type or print) GEORGE	Middle CLIFFORD	MILLER	4. DATE Mon		Day Year 1959
5. SEX 6. COLOR OR RACE 7. MAI  Male White widow	VED TO DIVORCED	B. DATE OF BIRTH Oct 9 1881	9. AGE (In years last hirthday) yrs.	Manths Day	AR IF UNDER 24 HRS.  /s Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Lumber Dealer  13. FATHER'S NAME	Retired	Bluemont  14. MOTHER'S MAIDEN N	Loudon Co		SA
Charles W. Miller			lea Branham		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		informant idric C. Mbl	ler 607 W.		gton St
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).		Hagers rrhage.	town Md.	10	NTERVAL BETWEEN DISET AND DEATH 29 hrs.
gove rise to immediate cause (a), stating the under-	eneralized A	rterioscler	osis.		?
Iying cause lost.   (c)     (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II of item 18.)		
A Haur a.m. While	e Nat while fa	ACE OF INJURY (Home, form, actory, street, affice bldg., etc.		(Count	
21. I certify that I attended the deceo alive on February 25, 19	sed from Feb. 2 59, and that deoth	occurred at $5:00$	eb. 25, 1959 PM, from the causes of ADDRESS (Street, city or town, the Potomac St	ond on the costote)	date stoted above DATE SIGNE
PHYSICIAN'S R.A.Bell, M	.D.	Hagersto	wn, Maryland	l.	
270. BURIAL, CREMATION, 27b. DATE THEREOF BURIAL (Specify) 2/28/59	Rose will C		22d. LOCATION (City, town, or Hagerstown	Wash.	
23. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman H	ADDRESS** Lagerstown Mc	3445	BY REGISTRAR 246. REGIS	thun & the	TURE

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#### MARYLAND STATE DEPARTMENT OF HEALTH - BASTINOPE, 18

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#### CERTIFICATE OF DEATH

02397

	D. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  LEVELANDVILLE RURAL  d. NAME OF HOSPITAL (If not in haspital, give street ad OR INSTITUTION)  BOONSBORO MD ROLITE  3. NAME OF DECEASED (Type or print)  EZRA  5. SEX  6. COLOR OR RACE  MALE  WHITE WIDOWED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  RETIRED TEACHER  13. FATHER'S NAME  ABRAHAM MOSER  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)  18. CAUSE OF DEATH (Enter only one cause per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  18. CAUSE OF DEATH (Enter only one cause per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  19. DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING OF DEATH HOUR o. m.  P. m.  19. m.  19. while of work (ISPORTED OF DEATH HOUR o. m.  P. m.  19. TWHILE CAUSE OF DEATH SIGNATURE  PHYSICIAN'S WALTER H. Sh.  21. I certify that I oftended the deceased alive on Feb e 13  ACTUAL SIGNATURE  PHYSICIAN'S WALTER H. Sh.  220. BERNAL CREMATION, 22b. DATE THEREOF FEB 17 1959		OLIVIII I	~ · · · · · ·	<b>D L /</b> ( )			Reg. Dist	. No.	3000	
		HINGTON		MARYLAND	a. STATE		ere deceased	b. COUNTY			ssion)
t	b. CITY OR TOWN (	f autside carporate limit	s, write c. LEN	GTH OF STAY IN 16	The second second		utside carpor		and the street, th		rn)
(			AL 5	O YEARS	X CLI	EVELA	NDVIL	LE RURA	L		
	OR INSTITUTION				1/		2 ) ( )			e. IS RE	SIDENCE A FARM?
ŧ				AAT A AI -					)		
ľ	DECEASED					G31	OF DEATH			7050	Year 19
ŀ	5. SEX		V.A.	N. V.		ITH	·	9. AGE (In years	the state of the s	YEAR IF UND	
	MALE			DIVORCED 🗌	APRIL	1 18	77	lost birthday)  R 7 yrs.		Days Hours	Min.
	On. USUAL OCCUPATION	HINGTON  MARYLAND  WASH HINGTON  C. CLENGTH OF STAY IN 16  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. CITY OR TOWN (If outside corporate limits, write RURAL one of STAY IN 16)  C. COLOR OR RACE TOWN (IN 18)  C. CITY OR TOWN (If outside corporate IN 18)  A. COM		12. CITI2	ZEN OF WHA	T COUNTRY					
1	RETIRED			IC SCHOO				LE FREI	b.co.	D.U.S	3.A.
Ä	3. FATHER'S NAME				14. MOTHER	'S MAIDEN N	IAME				
						[ZABE	TH SC				
	(Yes, no, or unknown)			SECURITY NO. 17.	INFORMANT			Add	ress		
-					RS.CARE	RIE MO	OSER	BOONSBO	DRO MI		
							7 7.			ONSET ANI	D DEATH
1	1.110.11	IMMEDIATE CAUSE (a)	Car	dio-vasc	ular -	rena	I dis	ease		5 Y1	c (3)
1			TToolo			h				7	a a la
1		mmediate (	Ure	mia - ca	iusea b	y abo	ve			1 We	eek.
		rne under-									
I	PART II. OTH			UTING TO DEATH 81	IT NOT RELATED T	TO THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PART	1(a) 19. WAS PERFO YES	ORMED?
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter nature	of injury in I	Part I or Part	II of item 18.)			
	Haur a.m.		While _ No	t while				ar town)	(Co	ounty)	(State)
			deceased from	m Feb. 1	, 1959	9, to 2	/14/5	9 , 19	,thot I lo	ast saw the	decease
	alive onF	eb. 13	1959	and that deal	h occurred a	t	_M, fram	the causes o	and on the	e date stat	ed abav
	ACTUAL SIGNATURE	taller 1	4.81	vas	_M.D. \					- 1-	L6/59
1	PHYSICIAN'S NAME (Type)	Walter 1	H. Shea	ly M. p.							
Ī			F 22c. N	IAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town,	or county)	(Sta	ita)
	BURTAL	FEB.17	1959 B	OONSBORO	CEMETE	ERY I	BOONS	BORO WA	SH.CC	O.MD.	
	3. FUNERAL DIRECTOR	S SIGNATURE	(2 AI	DDRESS	100		BY REGIST		STRAR'S SIGN		
	Tally of	10000	. 120	JUSING	mil	DATEFE	B 2 0 '5	a an	Thur & 9	Travel	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 TO FUNERAL D

VS A1:

DWDL NO CONTROL TO A 1270 AVEN 

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02398

				Reg. Di	st. No.	
1. PLACE OF DEATH a COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. b	If institution: Resider		sian)
b. CITY OR TOWN (If aviside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate lim	its, wra RURAL and	give nearest taw	n)
Rural-Sharpsburg	6 yrs.	Rural Shar	rosburg	(Taylor	s Land	ino)
d. NAME OF HOSPITAL (If not in haspital, give street as OR INSTITUTION	ldress)	/ d. STREET ADDRESS		- 11-	ON	SIDENCE A FARM?
Sharpsburg R.F.D. #1		Sharpsburg		D. #1	YES	] но
3. NAME OF DECEASED (Type or print) Richard:	Middle H	Petters	4. DATE OF DEATH	Beb.	0 <sub>0</sub>	Yeor 19 <b>59</b>
5. SEX 6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH	9. AGE	(In years It UNDER	YEAR IF UND	
Male White WIDOWED	DIVORCED [7	Feb 23. 19	205 lost	birthday) Manths 3 yrs.	Days Haurs	Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. K puring most official life, even if return)	ind of Business or Indu	JSTRY 11. BIRTHBOACE (State	ar fareign country)	12. 64	ZEN OF WHAT	COUNTRY
13. FATHER'S NAME	Du	14. MOTHER'S MAIDEN N	AME	1. 0		
15 WAS DECEASED EVER IN U. S. ARMED FORCES 116. SC	OCIAL SECURITY NO. 117.	INFORMANT	ta 4	ensh	20	-
(Yes, no roy unknown) (If yes, give wor or dates of service)	DCIAL SECURITY NO. 17.	Scar Pott	ten 2	01 Pack	Kan	unx
8. CAUSE OF DEATH [Enter anly one cause per line	for (a), (b), and (c).]	.40	,	1	INTERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY:	sonery	prom	bzes		7	vin
420.1 DUE TO J	- 0/	8.1/1			211	1
Conditions, if any, which ) (b)	on www X/	2 com	us .		100	10.1
gave rise to immediate cause (a), stoting the under-	TX.				1	
lying cause lost.					1	
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	NAL DISEASE COND	DITION GIVEN IN PAR	T 1(a) 19. WAS PERFO	DRMED?
	IBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	art I or Part II af it	em 1B.)		
Haur a.m. While	Nat while 10	ACE OF INJURY (Home, form, ictary, street, affice bldg., etc.	20f. (City or low	n) (	County)	(State)
21. I certify that I attended the deceased	CuloV.	Jun 1057 10	1. 15	106-91		
alive an FLAT. 9 , 195	and that death	occurred at 9 Pe		, 1957,that I causes and on t		
actual Walter & S.	healy		ADDRESS (Street, cit			ATE SIGNI
PHYSICIAN'S Walter H. Sheal	Ly M.D.					1 + 1 - 3
220. BURIAL CREMATION, 22b. DATE THEREOF	MANAGE OF CEMETERY C	OR CREMATORY  Message	22d. LONDON (C	ity, town, or county)	Con (Stor	(e)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	+m () 240. REC'S	BY REGISTRAR	24b. REGISTRAR'S SIG		
CHARAXX Lat W-	Meldmann	DATE EB	1 6 '59	Orthur S. 7	Traus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIS VS A15 (4) 15M 10/57

. 223 3 fig. 12 . I . I guidegreed I . Charles and a service of the service Detell Leading of Developer Bearing A P 07.1905 Post Engine Fort Sticker ous fancaster Come Aut Purland T. Petters augusta Finche TO THE PERSON OF THE PARTY HE WAY Built 2-16:59 finesty Dimie Naunate Same

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requires that the death certificate be executed within 24 hours after death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12399

**CERTIFICATE OF DEATH** Reg. Dist. No.

	a. COUNTY	shin	gton		MARY	LAND	o. STATE	Hary.		ed lived. If insti b. COUN	ITY V	Residence l Vashi	perfore od	mission	n)
	b. CITY OR TOWN ( RURAL ond give n harpsbu	egrest town)	porote limit	s, write	c. LENGTH OF STAY		-04		If outside corp	orote limits, writ			-		
_	d. NAME OF HOSPI OR INSTITUTION 14 East				ddress)		/	East	Main	Street	į.		O	RESID N A F	
	NAME OF DECEASED (Type or print)		Fin Alle		Middle Luther		offe	lost	4. DATE OF DEATH		Month		Day //.	Yes	or 50
5. :	sex Male	6. COLOR		7. MARRI	ED NEVER MARRI	ED B	DATE OF	BIRTH		9. AGE (In year	ors I	FUNDER 1 Y		NDER	
100 R	during most of wor	ON (Give kind king life, eye	n if retired)		School	R INDUST	-		ote or foreign			U. S		IAT C	OUNTR
15.		O Pof	RMED FOR	CES? 16. S	IP BOCIAL SECURITY NO	1	ORMANT		abeth		Addres	66	Ma:	in	St.
	18. CAUSE OF DE		USED BY:	С	e for (a), (b), ond (c).	Thro	mbos	is		berger	2		burg Interval DHSETA	BETV	
	Conditions, if c gove rise to i cause (o), stoting lying couse lost.	mmediote (	(b) DUE TO (c)		terioscl	erot	ic h	eart	disea	se			3		
CERTIFICATION	PART II, OT				retiniti		OT RELATED	O TO THE TER	MINAL DISEA	SE CONDITION	GIVE	N IN PART 1(	PEI	RFORM	TOPSY MED?
L CERTIF	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE C	OF DEATH	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter natu	re of injury i	in Port I or Pa	rt II of item 18.)					
MEDICA	20c. TIME OF INJUI Hour o. m. p. m.	RY Month,	Day, Yea	r 20d. IN While of work	UURY OCCURRED Not while of work	20e. PLAC focto	E OF INJU	RY (Home, fo office bldg., o	etc.)	ly or town)		(Cour	ity)		(Stote)
	21. I certify the alive on Fet		ded the	decease	d fram. at 199, and that	death	occurred		$^{ m DA}_{ m M}$ M, fra	m the cause Street, city or tav	s an	d an the	date st	ated	abav E SIGNE

Walter H. Shealy M. D PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY ON CREMATORY 23 FUNERAL DIRECTOR'S SIGNATURE

Sharpsburg 240. REC'D BY REGISTRAR DATE B 9 '59

24b. REGISTRAR'S SIGNATURE arthur S. Krous

22d. LOCATION (City, town, or county)

VS A15 (4) 15M 10/57

TO FUNERAL DIA
page 3 should b

the registrar prior

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 OF DEATH

02400

397	CERTIFICATE
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Reg. Dist. No. 302

I, PLACE OF DEATH O. COUNTY Washing	gton	MARYLANI	o STATE	ICE (Where deceased liveral Market)	ed, If institution, Res b. COUNTY a shing to		dmission)
b. CITY OR TOWN (If RURAL and give near Hagers	outside carporote limits, write irest town)  3 town	c. LENGTH OF STAY IN 11  1 Month		VN (If aulside carporate	limits, write RURAL o	and give nearest	town)
	L (If not in haspital, give street	Example of the second	d. STREET ADD	ress Prospact	tSt		RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle  Henry	Powers	4. DATE OF DEATH	Month Feb.	Doy 15	Year 1959
s. sex Male	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH		AGE (In years lif UN lost birthday) Mani	ths Doys H	UNDER 24 HRS. ours Min.
Stone Ma	N (Give kind of work done 10b. ng life, even if retired) & SON			E (Stote or fareign count nsville F		CITIZEN OF W	
3. FATHER'S NAME			14. MOTHER'S MA				
	Powers IN U. S. ARMED FORCES? 16.	COCIAL CECURITY NO. 127	. INFORMANT	iza Easto	Address		
	yes, give wor or dates of service)	social security No. 17-18-89981	s Mae Bab	b 603 No	Prospect	tSt	
PART I. DEATI 420. I Conditions, if ony gave rise to im cause (o), stoting th lying cause lost.	DUE TO  y, which mediate mediate punder.	yoeardial r rombosis of li terioscleros		flex artery	+ left auri	. 7	and peath days
2	r significant conditions	CONTRIBUTING TO DEATH &	BUT NOT RELATED TO TH	IE TERMINAL DISEASE CO	ondition given in	P	VAS AUTOPSY ERFORMED? S NO
	CAUSE OF DEATH	SCRIBE HOW INJURY OCCUI	RRED. (Enter nature of in	jury in Part I ar Part II	of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	While		PLACE OF INJURY (Har factory, street, affice bl	ne, form, 20f. (City or dg., etc.)	lawn)	(Caunty)	(State)
	it I attended the decease 1996 y 15 , 19		oth accurred at Z	32.4M, fram 1	he causes and a t, city or town, state)	in the date :	
		Pamos		gerstown	/		
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	2/18/59	Brethern (	or crematory		N (City, town, ar cour		(State)
23. FUNERAL DIRECTOR'S	1 47 2 07 00	ADDRESS		lo. REC'D BY REGISTRAF	24b. REGISTRAR	The second second	2.0.
Andrew V	O . e.e II.	36.		470cm 4			

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

2 FUNERAL to CTOR: After this certificate has been signed by the attending physicion and completely filled in page 3 should be detached for use as the buriol-transit permit. Then please remove carbon-pagers. Pages 1 and the registrar prior to buriol, cremation, or removal, and in any event within 72 hours affer death. may be retained by the haspital or ottending physician.

TO FUNERAL by CTOR: After this certificate has been signed by page 3 should be detached for use as the buriol-transit permit. TO HOSPITAL OR

VS A1S (4) 1SM 9/55

e funeral director.

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#### FOR STATE HEALTH DEPT.

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	ages	P.M.3.	oge	or its designated agent, prior to burial, crematian, or remayal, and in any prent within 72 hours ofter deat
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2398 EDICAL EXAMINER'S CERTIFICATE OF DEATH

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arthur & Kneep

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Washington b. COUNTY MARYLAND Summit b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) and give negrest town) Transient. Hagerstown Akron d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE enroute to Wash. Co. Hospital 5046 W. Bath Road. YES INO X NAME OF Middle 4. DATE Year DECEASED Ernest. Putman, ir. Grover 19 59 DEATH 8 (Type or print) Feb. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 6. DATE OF BIRTH 9. AGE (In years IF UNDER TYFAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min. white male WIDOWED [ DIVORCED | 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mariner U. S. Navy North Dakota U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Grover Ernest Putman, Sr. Barbara Langley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give was at dates of service) Yes 1952 to DOD 280-28-3237 Official Navy Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fractured skull IMMEDIATE CAUSE (a) DUE TO Multiple fractured ribs Fractured(closed) rt tibia & fibula Conditions, if any, which gave rise to immediate cause 40 min DUF TO (a), stating the underlying hemorrhage & shock cause fost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🗍 20g. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part It of item 18.) Lost control of automobile and ran into side abutment of bridge 20d. INJURY OCCURRED

While
at wark of twark of wark o (County) (State) Wash. Md . Hagerstown Feb. 8 59 Inquiry . and in my opinion death resulted from: Notural causes 🗍 , Accident 💢 , Suicide 🧻 Hamicide 🗍 , Undetermined manner 🗍 DATE SIGNED M D CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Feb. 1959 EXAMINER'S S. Robert Wells, M. D. DEPUTY MEDICAL EXAMINERY NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)
Burial 2-16-59 Arlington National Arlington Virginia ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Adams Funeral Home, 4748 Wisc. Ave, NW, Wash. D. Coate FEB

AND MAINT AL EXAMINERS CERTIFICATE OF DEATH STATE OF THE PARTY 4 The state of the s

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2200 CEPTIEICATE OF DEATH

02402
eg. Dist. No.
Residence before admission)
WASHINGTON
L and give nearest town)
e, IS RESIDENCE
e, IS RESIDENCE ON A FARM? YES NO Z
Day Year
RY 17 19 59
UNDER 1 YEAR IF UNDER 24 HRS.
onths Days Hours Min.
12. CITIZEN OF WHAT COUNTRY?
U.S.A.
HAGERSTOWN
MD.
INTERVAL RETWEEN
INTERVAL BETWEEN ONSET AND DEATH
2 weget
IN BART WAS AUTORSY
IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
YES NO X
15
(County) (State)
nat I last saw the deceased
on the date stated above.
DATE SIGNED
188459

	4033	CERTIFICA	AIL OF DEATH	9		Reg. D	ist. No		200
1. PLACE OF DEATH o. COUNTY	ASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYI		d lived. If institution b. COUNTY			GTO	
B. CITY OR TOWN	(If outside corporate limits, write	LIFE	c. CITY OR TOWN (IF on HAGERS)		prote limits, write RI	JRAL ond	give ned	arest fow	n)
d. NAME OF HOSE WASHILING	TTAL (If not in hospital, give street TON COUNTY HO	oddress) SPITAL	d. STREET ADDRESS 45 EAST A	AVE.					SIDENCE A FARM? NO A
3. NAME OF DECEASED (Type or print)	PAUL First	Middle EDGAR	REECHER	4. DATE OF DEATH	FEBRU		Do	7 7	Yeor 19 59
s. sex MALE	WHITE WIDOW		8. DATE OF BIRTH 10/1/192]		9. AGE (In years lost but bdoy) 37 yrs.	Months Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
CONTRACT	TION (Give kind of work done 10b.	U.S. AIR FO			ountry)	12. CI		S. A	COUNTRY
13. FATHER'S NAME CHARLE	S R. REECHER		MABEL RE		DS				
IS. WAS DECEASEDED	(If yes give we or dispos service)	SOCIAL SECURITY NO. 17. 216-14-5841	MRS. GENEV	/IEVE	REECHE	-	IAGE	RST MD.	OWN
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO	ONTRIBUTING TO DEATH BU			E CONDITION GIV	EN IN PA		PERFC	AUTOPSY
OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INJU-	G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Manth, Day, Year 20d. II While of wor	NJURY OCCURRED  Not while of work	ACE OF INJURY (Home, form, ctory, street, office bidg., etc.)	20f. (City	r or town)		(County)	YES [	(State)
actual SIGNATURE PHYSICIAN'S NAME (Typo)	that 1 attended the decease. 195  FFLUS by  ON 122b, DATE THEREOF		MD. 23(M)	June Am		nd on (	the da	te state	ed above.
PEMOVAL (Specif	" 2/19/59	REST HAV	EN CEM	H	AGERSTO	NN	MD		ie)
W. J. The	rivered Houses	slaury Mrs	//	B 2 0		TRAK'S SI			

e funeral directary TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital ar attending physician.

TO FUNERAL DESCRIPTION STATES THE PROPERTY OF THE PROPE

VS A1S (4) 1SM 9/S5

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	CERTIFICATE OF DEATH	
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VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2400

CERTIFICATE OF DEATH

302 Rea. Dist. No.

12403

1. PLACE OF DEATH o. COUNTY	shington	6	MARYLAI	O STATE	RESIDENCE (W		d lived. If institution b. COUNTY	on: Residen		e admiss	
	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY IN  1 month 20		OR TOWN (If		rate limits, write R	URAL and			
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspitol,		oddress)	d. STRE	ET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	HELEN	rst	Middle LOUISE	REEL	Last	4. DATE OF DEATH	Mon		Do 8	,	Yeor 19 <b>59</b>
5. SEX Female	6. COLOR OR RACE	7. MARR	NEVER MARRIED		BIRTH 190	07	9. AGE (In years lost birthdoy) 51 yrs.	IF UNDER Months	1 YEAR Days		
10o. USUAL OCCUPAT during most of we Housewi 13. FATHER'S NAME	orking life, even it refired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY 11. BIR		e or foreign c	Juglan La	12. CIT	U.S.		COUNTRY
John	Coover Kni	eslej	7	Ве	essie l	fay Fie	gley				
15. WAS DECEASED EV [Yes, no. or unknown)	VER IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO.	17. INFORMANT Benjam	in F. F	Reel	Hagers		,	lary	land
Conditions, if gave rise to couse (a), stating lying couse lost	g the under-	)	Corcues	nd -	Shr	work				ET AND	Mo,
200. ACCIDENT W	VAS UNDERLYING	-	CONTRIBUTING TO DEATH		74.61			EN IN PAR	T 1(a) 15	PERFC	NO 14
	10	ar 20d. It While at worl	Not while	e. PLACE OF INJU factory, street, a	RY (Home, for office bldg., et	m, 20f. (City	or town)	(0	County)		(State)
ACTUAL SIGNATURE	that attended the	Reco	9, and that de	n.D. 159		ADDRESS (S	n the causes a freet, city or town, on St., H	nd on th	ne dat	e state	ATE SIGNED
220. BURIAL, CREMATI REMOVAL (Specify Burial	ON, 226. DATE THEREC	59	22c. NAME OF CEMETER Rest Haver				ION (City, town, o	or county)	Mar	(Stot	
23. FUNERAL DIRECTOR Suter-Rous	zer Funeral	Home	ADDRESS Hagerstown.	Md.	24a. REC	D BY REGIST		TRAR'S SIC	SNATUR		

30E	ISICATE OF DEATH		The second	
reducidadă	And Curtall			
	Paratistant na califor	named C	Пно	
	· W. Torrati	£131/201	M. C. C.	
		VIII (10.1)		
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d 6 6	HARD COOKS THE THINK			
	Result May Markey	la l	in Booser End	΄ο,
marcant emocia	Renjarin F. Serl   Herer	200		01

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	2401	CERTIFIC	CATE OF DEATH		Reg. Dist. No. 124(14
	PLACE OF DEATH  COUNTY  NASHINGTON	MARYLAND	o. STATE	ere deceased lived, If institutions b. COUNTY	
	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	C. LENGTH OF STAY IN 16		utside carporate limits, write RUR	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		1 3 MONS B	OKO MD. R	e. IS RESIDENCE ON A FARM? YES NO NO
-	NAME OF First DECEASED Type or print)	EDW///Middle	REESE	4. DATE Month OF DEATH FEBRUE	Day Year 7 . 19 . 9
5. 5	OF THE WIDOW	RIED NEVER MARRIED DIVORCED	1 8. DATE OF BIRTH  FEBRUAIRY A.		Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work done during most af working life, even if retired)	KIND OF BUSINESS OR INC	+IAGERS7	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME  MARVIN REE	SE	14. MOTHER'S MAIDEN N	IA E. RI	DENOUR
	no or unknown)   Iff yes, give wor or datas of service)	YONE IN	MARVIN REESI	E BOONSBOIL	
	PART 1. DEATH Enter only one cause per li PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate couse (a), stating the under. lying couse lost.	ne for (o), (b), and (c).	rature		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCUR	RED. (Enter nature of injury in P	ort I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While p. m. 19	_ Nat while _	PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)		(Caunty) (State)
	21. I certify that I attended the decease alive on Fig. 19.  ACTUAL SIGNATURE WILLIAM'S NAME (Type)	ed fram tol			that I last saw the deceased d on the date stated above.  DATE SIGNED  The state of
	BURIAL CREMATION, 22b. DATE THEREOF SURIAL (Specify)	SOO ASBORO	CEMETIERY	BOONS BORD	WASH, Co. MD.
23.	FUNERAL DIRECTOR'S SIGNATURE	Detrus la	(4) MO PATEEB	1 0 '59 CATHLE	RAR'S SIGNATURE

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VS A15 (4) 1SM 9/55

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TE OF DEATH	CERVIFICA	
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		Ellis and State Service of
		Name of the last
	THE STATE	

VS A15 (4) 15M 9/55

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	24	30	CERT	IFIC/	ATE OF DEATH	-		Reg. Dis		164	UU
1. PLACE OF DEATH o. COUNTY WASH	INGTON		MAR	YLAND	2. USUAL RESIDENCE (WE STATE MARYLAND	nere decease	d lived. If institution becoming			re admiss	ion)
b. CITY OR TOWN RURAL and give SAN MA	(If outside corporate liminearest town)  R RURAL	its, write	c. LENGTH OF STAY	S	c. CITY OR TOWN (IF C		orote limits, write R	URAL ond g	lve neo	rest town	)
d. NAME OF HOS OR INSTITUTION EAHRNEY	PITAL (If not in hospital, on KEEDY ME)				d. STREET ADDRESS	ING R	OAD				FARM?
3. NAME OF DECEASED (Type or print)	SARAH	rst	Middle E •		Losi RINEHART	4. DATE OF DEATH	Mon FEBRUAR		.95	_	Yeor 19
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRI WIDOWE			B. DATE OF BIRTH  OCTOBER 3 1	1873	9. AGE (In years lost birthday) 85 yrs.	IF UNDER Months	Days	Hours	R 24 HRS. Min,
during most of w	orking life, even if retired	done 10b. I	Home	OR INDU	STRY 11. BIRTHPLACE (Stole Maryla		country)	12. CITI		F WHAT	COUNTRY
	AM CULBER'				14. MOTHER'S MAÎDEN N	LEID					
(Yes, no, or unknown)	(If yes, give war or dates of s	service)	SOCIAL SECURITY NO	ES	TER P.SEAL		rollfff DLAWN M				
PART I. D 33/X Conditions, if			efor (a), (b), and (c) lenerals	nea	Haemor	rhas	ils qe		INTE	RVAL BE ET AND	aya
gove rise to couse (o), stotin lying couse los PART II. C	og the under-	)	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	'EN IN PART	1(0)	9. WAS /	AUTOPSY PRMED?
OR CONTRIBUTION	WAS UNDERLYING  OF CAUSE OF DEATH FY MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY (	OCCURRE	D. (Enter noture of injury in	Port I or Por	rt II of item 18.)				№ □
20c. TIME OF INJ Hour ο. π p. π	1.	ar 20d. IN While at work	IJURY OCCURRED Not while of work	20e. PL	ACE OF INJURY (Home, farm clory, street, office bldg., etc	), 20f. (City	y or town)	(C	ounty)		(Stote)
actual signature Physician's	that of oftended the	deceose 19 S		t death	occurred at SA		m the couses of treet, city or town,		ast so	the state	deceosed obove
220. BURIAL, CREMAT REMOVAL (Speci	TION, 22b. DATE THEREO		22c. NAME OF CEA 9 MT . Z.I.		R CREMATORY EMETERY		TION (City, town, ohian AA)		lar	(Stote	
23. FUNERAL DIRECTO	Signature Saust	wy -	ADDRESS 6411 V	Wind	sor Miller B	D BY REGIST		STRAR'S SIG		RE	

#### MARY LAND STATE DEPARTMENT OF HEALTH - BASTIMERE, I

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TO HOSPITAL OR

VS A15 (4) 15M 10/57 81

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2409 CERTIFICATE OF DEATH

8 02406 Ref. Dist. No. 302

	Reg. Dist. 1	10 10
1. PLACE OF DEATH . COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be ostate washing ton	efore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown  3 Weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give to Chewsville.	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Wash County wospital	/d. STREET ADDRESS Box 67	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) IMA FAYE ROHRI	OF	Doy Yeor 195919
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  White WIDOWED DIVORCED		AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU CLERK in Engineering Fairchild  13. FATHER'S NAME	San Mar Wash Co Md. 12. CITIZEN	OF WHAT COUNTRY?
	14. MOTHER'S MAIDEN NAME	
Martin S. Smith  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If you give wor or doles of service)  NO 317-09-9834 Pai	Carrie L. Welty  INFORMANT Address  le B. Rohrer Chewsville Wash.	Co Ma
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate  (b) Cancer of for	motores grenlegel .	NTERVAL BETWEEN NSET AND DEATH SEV WEEK
couse (o), stoting the <u>under-lying couse lost.</u> DUE TO  (c)		
ICATI	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	PERFORMED? YES NO
	ED. (Enter nature of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (Count octory, street, office bldg., etc.)	y) (State)
21. I certify that I attended the deceased fram $2/3/59$ alive on $2/29/59$ , 19, and that death	h accurred at 5 A M, from the causes and on the d	saw the deceased late stated above. DATE SIGNED
PHYSICIAN'S HOWARD N WOOLS IN D	M.D. 136 North Potomac St.,	2/23/59
NAME (Type) HOWATA N. WEEKS, M.D.	Hagerstown, Md.	
226. BURIAL, CREMATION, PEMOVAL (Specify) BUT181 225. DATE THEREOF 226. NAME OF CEMETERY O Smithsburg ADDRESS	Cemetery smithsburg Wash.	(Stote)
Andrew K. Coffman Hagerstown Md.	DATE  240. REC'D.BY REGISTRAR  24b. REGISTRAR'S SIGNAT  Orthun S. H	

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			Report District	THE PARTY OF THE P	
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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24b. REGISTRAR'S SIGNATURE

2403	CERTIFICA	ATE OF DEATH	Re	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: I	Residence before admission) ashington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagers town  d. NAME OF HOSPITAL (If not in hospital, give street	5 weeks	c. CITY OR TOWN (IF ou	tside corporate limits, write RURA	L and give nearest town)
Washington County Ho	spital	d. STREET ADDRESS Tilghmant	ton RFD #1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Mary	Aletha	Roulette	4. DATE OF Feb. Month	Doy Yeor 10 19 59
Female White wind	ARRIED NEVER MARRIED DIVORCED DIVORCED	Nov. 5 1896	62 yrs. Mc	JNDER 1 YEAR IF UNDER 24 HRS.  3ths 5ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done linguing most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A
Theodore Smith		14. MOTHER'S MAIDEN NA Minnie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes. No unknown)  (If ye No wor or dates at service)		rs. Howard S	Swain Sharps	burg Md.
Conditions, if any, which gove rise to immediate	r line for (o), (b), and (c).] Carcinoma of	the gallbla	dder & Liver	INTERVAL BETWEEN ONSET AND DEATH
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITION  OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN 1	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Po	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d Hour o. m. 19 of w	ile Not while to	ACE OF INJURY (Home, farm, octory, street, office bldg., etc.)		(County) (State)
21. I certify that I attended the dece alive on 2/20/50 2/9/50  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W. H. She		accurred at 3:05	eb. 10, 1959, the M. fram the causes and DDRESS (Street, city or town, state tharpsburg, Mc	
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) Feb. 12-59	Mt. View C	emetery	22d. LOCATION (City, lown, or co Sharpsburg M	

may be retained TO FUNERAL DIR VS A1S (4) 15M 10/S7

page 3 should be

detoched for use as the buriol-transit permit.

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	Joseph May			
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	Carleton 10			
		n .		

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2404 CERTIFICATE OF DEATH

12408 Reg. Dist. No.

	m703	K		Keg.	Dist. No.
	1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE MATYLAN		idence before admission) ASHINGTON
	b. CITY OR TOWN (If outside corporate limits, wri RURAL and give named town) HAGERSTOWN	LIFE	c. CITY OR TOWN (If outside of 3 HAGERSTOWN	corporate limits, write RURAL o	nd give neorest town)
	d. NAME OF HOSPITAL (If not in hospital, give str WASHITHOTON COUNTY HO	eet oddress) )SPITAL	d. street address 930A LANVAL	E ST.	e. IS RESIDENCE ON A FARM? YES NO 2
	3. NAME OF DECEASED (Type or print) FREDERICK	COOKERLEY	SCHLEIGH 6. DA		Doy Year 59
	MALE I WHITE	ARRIED A NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 7/22/1896	9. AGE (In years le UN lost buthdoy) Monti	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired)	BLDG. CONTRAC			U.S.A.
	13. FATHER'S NAME WILLIAM L. SCHLEIC	3H	IDA VIRGINI	A ?	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. oc.unknown) [If yes, give war or dates of service]	16. SOCIAL SECURITY NO. 17. II 214-09-9316	MRS. BONNIE S	CHLEIGH Addr HAC	GERSTOWN MD.
100	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	ronchogenic ca th metastasis id adrenals.	rcinoma, left to bone, liv	upper lobe er, kidneys,	onset and death  wooks (certain)
	PART II. OTHER SIGNIFICANT CONDITION  None  20g. Accident was underlying  OR Contributing Cause of Death (If Either, Notify Medical Examiner)				PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
		DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I o	Port It of item 18.)	
	A Hour a.m. Wh	d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. ctory, street, office bldg., etc.)	(City or tawn)	(County) (State)
		959, and that death	occurred at 9: 45 AM, ADDRES M.D. 100 Profess  Hagerstown	fram the causes and ar 55 (Street, city or town, state)	n the date stated above  DATE SIGNED  Bldg, 2/23/59  Maryland
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2/24/59	22c. NAME OF CEMETERY OF REST HAVE		OCATION (City, fown, or count HAGERSTOWN	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS I	24g, REC'D BY RI FEB 2 5 '5	EGISTRAR 246. REGISTRAR'S	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relatingly by the hospital ar attending physician.

TO FUNERAL DESTOR: After this certificate has been signed by the attending physician and campletely filled in been funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and Amould be filed with the registrar prior to burial, cremation, or removal, and in any event-within 72 hours ofter death.

(See Selection of the See	IN THE CASE OF A SECRETARIAN PROPERTY.		Allow ender
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			WARRY TO STREET WARRY TO STREET

1. PLACE OF DEATH

Washington

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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2405	CERTIFICATE OF DEATH

MARYLAND

TE OF DEATH	1		Reg. Di	st. No	30	
o. STATE Maryla		d lived. If institution b. COUNTY			re admis	
c. CITY OR TOWN (If o	estown		JRAL ond	give ne	prest low	n)
d. STREET ADDRESS	Ave					SIDENCE A FARM?
Lost	4. DATE	Man	th	De	у	Year
HIEIGH	DEATH	Februar	Y	10		19 59
anuary 25, ]	1959	9. AGE (In years last birthday) yrs.	Manths	1 YEAR	Hours	ER 24 HRS. Min.
Hagerston A. MOTHER'S MAIDEN N Patsy I	IAME	aryland Add	ess	U.	S.A.	
Robert G. S	schlei	igh Hage:	rstow		Md.	ETWEEN
	160					
Part Fa	lur	2		ON	Les AND	DEATH
east for	lus - a	esta		ON	les en	

RURAL and give ne Hagersto	earest lown)	2 days		erstown	e limits, write KL	IKAL ond give ne	arest town)
QR INSTITUTION	AL (If not in hospital, given County F		d. STREET ADDRESS	Ave			e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	TODD First	Middle ANTHONY	SCHLEIGH Lost	4. DATE OF DEATH	Mont Februar		y Year
Male	777 4 4	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  January 25,	1959	AGE (In years last birthday) yrs.	Manths Days	Hours Min.
none  R. FATHER'S NAME	ing life, even if retired)	one 10b. KIND OF BUSINESS OR INC		own, Mar			S.A.
. WAS DECEASED EVE	Robert G. S R IN U. S. ARMED FORC (If yes, give wor or doles of ser	ES? 16. SOCIAL SECURITY NO. 17.	Patsy INFORMANT Mr. Robert G.		Addre	rstown .	Md.
PART I. DEA 7546 Canditions, if or gave rise to in cause (a), stating lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a).  DUE TO  ny, which (b). The under- (c).	Coandist	Heart For	alure E au	rla	ON AS	FERVAL BETWEEN SET AND DEATH
200. ACCIDENT WA		ITIONS CONTRIBUTING TO DEATH B				EN IN PART 1(o)	PERFORMED?
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year	20d. INJURY OCCURRED While Nat while at work at wark	PLACE OF INJURY (Hame, for factory, street, affice bldg., e	m, 20f. (City or	town)	(County)	(State)
21. I certify the alive an 22 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at attended the officers of the state of the	. 500	5 , 19,5 <u>7</u> , to th accurred at 12 '4 M.D. 318 11 TA	My from t		nd on the do	aw the deceased of the stated above.  DATE SIGNED  2/10/5
BULLAL (Specify)	2/11/19	22c. NAME OF CEMETERY  Rose Hill C		-	N (City, tawn, or		(State) Maryland
Suter - Rouz	s signature er funeral	Home Hagerstown,	Md. 240. REC	B 1 3 '59	R 24b. REGIS	TRAR'S SIGNATU	

23 FUNERAL DIRECTOR'S SIGNATURE
Suter-Rouzer Funeral Home
A Franchischer VS A15 (4) 15M 10/57

. His constant one I benefit to the land

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 OLOG MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02410

FOR STA	TE EPT.
If any delay is necessary, please to the funeral potator. Page by be retained your files, ith the State Board of Hagith, is ofter death.	81
ed within 24 hours after death.  em. 18. Give Pages 1, 2, and 3 long with form PM3. Page 5 m permil. File pages 1 and 2 v and in any event within 72 hour	I
his certificate should be execute word "pending" in pendi in the Medical Examiner's Office of wid be used as a burial-transit verial, cremotian, ar removal,	2
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the caperage, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral motor. Page 4 should be invarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to your files. To funeral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, at its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.	2

	2400							Reg. I	Dist. No	<b>.</b>		
PLACE OF DEATH O. COUNTY Washington			MARYLA	- 11	2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE Maryland b. COUNTY				Residence before odmission) Washington			
and give negret! town	f outside corporate limits, writ n) rstown	• RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN		porate limits, write stown	RURAL or	nd give r	neorest to	wn)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Washington County Hospital					/d. STREET ADDRESS 118 W. Antietem Street					ON A FARM?		
NAME OF First DECEASED (Type or print) Faith		Middle Louise		Losi 4. DATE OF DEATH		Month Feb.		Doy 7	Doy Year 7 19 59			
5. SEX Female	6. COLOR OR RACE	7. MARRIE	DIVORCED	-	May 20,1925	5	9. AGE  In years   fost birthday)   33 yrs.	IF UNDE Months	R TYEAR Doys		ER 24 HR Min.	
On. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if relired)  Restaurent - Proprietor						e or foreign o		12. CI		ZEN OF WHAT COUNTR		
13. FATHER'S NAME Edwa	rd J. Bowa	rd		1	4. MOTHER'S MAIDEN Nellie	M. Sta	rliper					
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.		nklin E. S	hafer,	Jr Hag	gersto	own,	Md		
PART I. DEAT  98 / X  Conditions, if a gove rise to immer  (o), stating the couse lost.	underlying DUE TO		Gun Shot (	mor	rhage and	shock			ONSI	RVAL BETWE	ATI4	
3			HOW INJURY OCCURRE					VEN IN PAI		PERFO	RMED?	
	NTRIBUTING [	Shot	in abdomen	by	husband	HT I OT POTI II	of flem 18.)					
20c. TIME OF INJUI	RY Month, Day, Yee	While	NJURY OCCURRED 20e.  Not white rk ot work	factory	OF INJURY (Home, for , street, office bldg., etc. staurent	C.)	egerstown		ounly) Nash	Mo	(Stote)	
	resulted from: I	Vatural c	emains described a auses . Accide	nt 🔲		Hamicide	K, Undete		ry 🔲		d in my	
EXAMINER'S NAME (Type)	S. Robe	rt Wel	lls, M.D.		DEPUTY MEDICAL		_		2-7-	59		
220. BURIAL, CREMATIC REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	2/10/59	F	Spring Mi		Cemetery	-	TION (City, town, Berkeley RAR   246, REG):	Co.		The state of the s	.Va.	
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ĺ			TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY L. COUNTY WASHINGTON WASHINGTON MARYT. AND MARYLAND b. CITY OR TOWN III outside corporate limits, write PURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) HAGERSTOWN HAGERSTOWN d. NAME OF HOSPITAL OF INSTITUTION HE FOR I DOSPITAL OF STREET ODDIES. d. STREET ADDRESS e. IS RESIDENCE S. POTOMAC ST. ON A FARMA, YES T NO TA 3. NAME OF First Middle Lost 4. DATE DECEASED FRANKLIN ELLSWORTH SHAFER JR. FEBRUARY 59 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE |In years IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Doys Hours | Min. WHITE WIDOWED IX DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. AIRCRAFT CO. PENNSYLVANIA ASSEMBLER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALICE DRILL FRANKLIN E. SHAFER SR. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Addroff AGERSTOWN MRS. ALICE SHAFER 214-14-6111 MD. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gun shot into chest in cardiac region IMMEDIATE CAUSE (a) (16 gauge shotgun) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES T NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Fort I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Shot self with 16 gauge shotgun after having shot wife CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Slote) factory, street, office bldg., etc.) While Not while Hour XXXX Wash Md of work of work Hagerstown In Automobile 8:00 p.m. 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection X, Inquiry . and in my

apinian death resulted fram: Natural causes . Accident . Suicide X, Hamicide , Undetermined manner

DATE SIGNED CHIEF MEDICAL EXAMINER

SIGNATURE ASSISTANT MEDICAL EXAMINER S. Robert Wells, M.D. EXAMINER'S NAME (Type)

DEPUTY MEDICAL EXAMINER DO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

2-10-59

(Stole)

HAGERSTOWN ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Circlina S. Thouse DATE FEB 1 3 '59

220. BURIAL CREMATION, 22b. DATE THEREOF

BURIAT.

23. FUNERAL DIRECTOR'S SIGNATURE

ATAMINE EXAMINERS OF THICKIES IN DISEASE The state of the s ACRES HERE AND REAL PROPERTY OF STREET

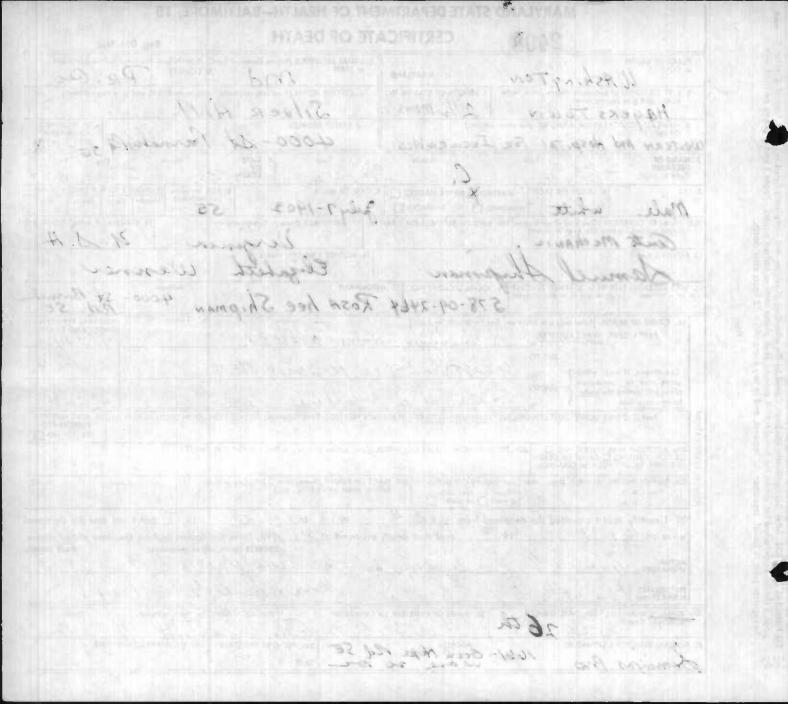
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24b. REGISTRAR'S SIGNATURE

requires that HOSPITAL poge 0 VS A15 (4)

23. FUMERAL DIRECTOR'S SIGNATURE



VS. A15ME(5) 5M 9/55 0

MARYLAND S	TATE	DEPARTME	NT OF	HEALTH-	-BAI	TIMORE,	18
MEDICA	LEXA	MINER'S	CERT	IFICATE	OF	DEATH	

_				,		7/00			wall'	P1810 141		
	PLACE OF DEATH	2431 shington		MARYL		2. USUAL RESIDENCE 0. STATE Mary	(Where decea	b. COUNT		dence be		ission)
t	ond give nearest town	outside corporale limits, writ	e RURAL	c. LENGTH OF STAY IN	11Ь	c. CITY OR TOWN	(If autside cor	porole limits, write	RURAL or	nd give r	nearest to	own)
		Hagerstown	R#5	40 yrs.		X Rural	Hagers	stown, Md.	R#5			
•	J. NAME OF HOSPITA	AL OR INSTITUTION	If not in h	nospital, give street address)		d. STREET ADDRESS			_		ON	ESIDENCE A FARM?
	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mont	h	Day	١	Year
	(Type or print)	SAMU	EL	NELSON		SIMPSON	DEATH	Fel	b.9,		1	19 59
5. 5	SEX			RIED NEVER MARRIED	8.0	ATE OF BIRTH		9. AGE (In years	IF UNDE	R TYEAR	IF UND	ER 24 HRS.
	Male	White	WIDOW	/ED DIVORCED		Oct.30,18	75	last birthday) 83 yrs.	Months	Days	Hours	Min.
10a	USUAL OCCUPATION	ON (Give kind of work	done 10b	. KIND OF BUSINESS OR IN	DUSTRY			country)	12. CI	TIZEN O	F WHAT	COUNTRY
0	Farm Lab	g life, even it retired)	100	Agriculture			sburg, F			USA	1	
13.	FATHER'S NAME			16-10-1	1	4. MOTHER'S MAIDEN	0,			0.01	7	
		Not Kn	own					Not Know	n			
		ER IN U. S. ARMED FO				DRMANT		Address				
	No	(1.704 8.10 11.01 01.01	,	None	Mr.I	L.Stocks	lager	Hagerst	own, M	d. F	₹#5	
	18. CAUSE OF DEAT	TH [Enter only one can	se per lin	ne for (a), (b), and (c).]						INTE	RVAL BETW	EEN
		H WAS CAUSED BY	. 4	Arteriosclero	+10	mucoomdia	1 hanné	24		ONS	ET AND DE	ATH
	422.1	DUE TO	-	with myocar								
	Conditions, If or	an and tall A		with myocar	ula	Latitute	grade 1	V				
	gove rise to immed	liate cause							-		-	
	(a), stating the u											
Z		J (c)		CONTRIBUTING TO DEATH I	BLIT NO	T PELATED TO THE TEE	PMINAL DISEAS	SE CONDITION GIV	/EN IN PA	PT 1/m) 1	IO WAS	ALITOPSY
710	7 / / / / / / / / / / / / / / / / / / /			CONTINUE TO DEATH	001110	T NEDNIED TO THE TEN	NITHING DIGGO	e continue on	EIN IIN I A		PERFC	DRMED?
FICA	20 EVTERALA CAL	non		IAT HOW IN HURY OCCUPAN							YES	NO X
CERTIFICATION	PRIMARY Or CON CAUSE OF DEATH.	NTRIBUTING []	ib. DESCR	None	CD. (Ente	or nature of injury in h	rort I or Port II	of item 18.)				
R	20c. TIME OF INJUR	RY Month, Day, Ye	or 20d	I. INJURY OCCURRED   20e.	PLACE	OF INJURY (Home, fo	orm, 20f. (Cit	y or tawn)	(Co	ounty)		(State)
MEDICAL	Hour o.m. p.m.	none 19	What		factory	, street, affice bldg., e )NO	etc.)	-		100-s	-	
	21. I certify th	at I took charge	of the	remains described	above	, held an Auto	psy [], I	nspection .	Inqui	ry 🗌	, and	find that
5	death resulted	from: Natural	causes	X, Accident ,	Suicie	de [], Homici	de [], U	ndetermined o	cause [	7.		
	fill available	200		1 00								
	ACTUAL SIGNATURE	. Koley	16	vell		M.D. CHIEF MEDICAL	EXAMINER _	3			DATE S	SIGNED
	SIGITAT ORL		133			ASSISTANT MED	DICAL EXAMINE	ER 🗍		0.10	50	
	EXAMINER'S NAME (Type)	S. Rob	ert V	Wells, M.D.		DEPUTY MEDICA		_		2-10	1-79	
220		N. 226. DATE THEREC	)F	22c. NAME OF CEMETER	Y OR CI			ATION (City, town,	or county)		{Stat	re)
	REMOVAL (Specify) Burial	2/12/		Church Of G				Valley				
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			EC'D BY REGIS		*	-		,
		Funeral Ch	_	Inc. Hagerst		Md. DATE:	R 1 2 '59	n.	17 8 9	L- 118		
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	and the second second				100	William .						

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2432 CERTIFICATE OF DEATH

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31			2010	QEIGHT.	JAIL OI DE	~~~			Reg. D	ist. No	4.	
1. [	PLACE OF DEATH D. COUNTY	ASHINGTON		MARYLANI	2. USUAL RESIDEN	CE (Where		l lived. If instituti b. COUNTY	WAS	HIN	GTON	ion)
t	RURAL and aivs	(If outside corporate lime orest town)	its, write	LIFE	c. CITY OR TOW BAGE			rote limits, write R	URAL and	give ne	arest town	)
M	A PRINTING	TAL (If not in hospitol, ANOR REST	HOM!	oddress) E	d. STREET ADDR		ST.				o. IS RES	FARM?
- 1	NAME OF DECEASED (Type or print)	JOHN	rst	WALTER	SMITH	4	DATE OF DEATH	FEBRU.		Do	2.5	Yeor 19 59
5. 5	MALE	6. COLOR OR RACE WHITE	7. MARI WIDOW	RIED NEVER MARRIED (X	B. DATE OF BIRTH UNKNOW	N		9. AGE (In years parthday)	Months		Hours	Min.
100	RETTRED	ON (Give kind of work king life, even if refired LABORER	done 10b.	KIND OF BUSINESS OR IN MOVING & ST	ORAGE CO.		RYLA	3.7.m		U.S		COUNTRY
13.	JOHN O	. SMITH			14. MOTHER'S MA SARA			LTER		F3.40	The Name	
15. (Yes		ER IN U. S. ARMED FOI (It yes, give war or dates of	arvicel	SOCIAL SECURITY NO. 17 217-10-2544	MISS CA	THER	RINE	W. EMB		HAG	ERST	ME
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	)	ne for (o), (b), and (c).]	of them	Ters	,			INT	ERVAL BE SET AND	TWEEN DEATH
	Conditions, if a gove rise to cause (o), stating lying couse lost,	the under-		arter	98 clears					1	jea	es
CERTIFICATION	PART II. OT			CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE	TERMINA	L DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	19. WAS / PERFO YES [	AUTOPSY DRMED?
	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUP	RED. (Enter nature of inj	ury in Parl	t I or Port	It of item 18.)				^
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED 20e. Not while k of work	PLACE OF INJURY (Hom foctory, street, office bld	e, form, g., etc.)	20f. (City	or town)		(County)		(Stote)
	21. I certify the alive an 2	hat I attended the	deceas		59, 19, to the occurred at \$5	ETAI	M, fram	59, 19 the causes o	and on	last so	ite state	deceased
	ACTUAL SIGNATURE	7	5	4- Woods	м.d. 136 N	-	toma			2/-	14/5	
			Week		Hagers	towr	n, M	aryland	1			
220	REMOVAL Specify	2/15/		ROSE HILI	OR CREMATORY  CEM.	22		GERSTOV			(Stote	e)
23.	FUNERAL DIRECTOR	Succeed 1	Hay	uslown		REC'D 8			strar's si	. 10		

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haur may be retain to the haspital or attending physician.

TO FUNERAL DECION: After this certificate has been signed by the attending physician and campletely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, crematian, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/SS

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HEALTH DEPT.

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necessary, please of cour files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is n execute the CPV case, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be arded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relatined TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS. A15ME SM 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

PLACE OF DEATH	6233		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. county Washir	neton	MARYLAND	°Maryland Washington
b. CITY OR TOWN (I	f outside corporate fimits, write RURAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerston		30 Yrs	× Hagerstown R # 5
		in haspital, give street address}	B. STREET ADDRESS e. 15 RESIDEN
	tersburg Pik		Leitersburg Pike
3. NAME OF DECEASED	First	Middle	Losi 4. DATE Month Doy Year OF
(Type or print)	WILLIAM		SMITH DEATH February 3 195919
s, sex		ARRIED NEVER MARRIED DIVORCED DIVORCED	S. DATE OF BIRTH October 5 1889  9. AGE itn peers leat birthday) 69  9. AGE itn peers leat birthday leat
The state of the s			IRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN
Farmer	ng life, even if retired)	Own Farm	Foxville Fred Co Md. USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME
Will	iam H. Smith	1	Mary Baker
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? (If yes, give war or dates at service)	77	tta K. Smith Hagerstown Md. R # 5
1// 0		None E	to the officer of the
Conditions, if a gave rise to imme (a), stating the cause lost.	diote cause	Acute Coronar	
200, EXTERNAL CA	USE WAS 20b. DES		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES NO Enter nature of injury in Port I or Port II of Item 18.)
PRIMARY Der CO	NIKIBUTING L	none	
20c. TIME OF INJU Hour a.m. p. m.		20d. INJURY OCCURRED  While Not while fact of work 1	CE OF INJURY (Home, form, 201. (City or fown) (County) (States), office bldg., etc.)
	resulted fram: Natur	ral causes X, Accident	ove, held an Autopsy, Inspection, Inquiry, and in  Suicide, Hamicide, Undetermined manner
ACTUAL SIGNATURE	1. Itakes	t wells	M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S NAME (Type)	S. Rober	t Wells, M.D.	ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   2-4-59
220. BURIAL, CREMATIC REMOVAL (Specify Burial	2/6/59	Bethel Cemet	many Foundation Front C. Ma
23. FUNERAL DIRECTOR		ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
andrew	K. Coffman	Hagerstown Md.	DATFEB 9 '59 Critish & Kines

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VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

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Reg. Dist. No. 302 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Washington o. STATE b. COUNTY MARYLAND Marvland Washington b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown Hagerstown days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 1901 Jefferson Boulevard Washington County Hospital YES NO NAME OF Middle 4. DATE Year DECEASED CHARLES WITE TAM SODERGREN (Type or print) DEATH 1.8 19 59 Reprusry 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months June 8, 1908 Days Hours Male Whie WIDOWED [ DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hagerstown, Maryland Railroad U.S.A Timekeeper 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Johann V. Sodergren Lucy Groot 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Yes, no, or unknown) W.W. Mrs. Margeurite Sodergren Hagerstown, Md. 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Nephrosclerosis 16 mo. IMMEDIATE CAUSE (a) 446 X DUE TO Canditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Hypertensive vascular disease YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) o. m. Not while of work of work p. m . 19 57 to Feb. 18 21. I certify that I attended the deceased from Oct. \_\_\_\_\_, 19\_59,that I last saw the deceased and that deoth occurred at 1:55PM, from the causes and an the date stated above. Feb ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 148 West Washington St. PHYSICIAN'S Kneislev Hagerstown, Maryland NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Rest Haven Cemetery Suria Hagerstown. Maryland 23. EUNERAL DIRECTOR'S SIGNATURE
Suter-Houzer Funeral Home **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24n REC'D BY REGISTRAR DATE FEB 2 4 '59 CI-Thung & France Hagerstown, Md. . Tranklin Pourer

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cessary, please ctor. Page your files. and of Health,

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2434MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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F0E0				Reg. Dist. N	0.
1. PLACE OF DEATH Washington	MARYLAND	2. USUAL RESIDENCE (Where on STATE Maryland	deceased lived. If institut b. COUNTY		elore admission) ngton
b. CITY OR TOWN (If outside corporate limits, write RUPAL and give apagest town) Smithsburg	c. LENGTH OF STAY IN 16 4 yrs	c. CITY OR TOWN (II outside X Smithsburg	e corporate limits, write	RURAL and give	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in ha	spital, give street address)	/d. STREET ADDRESS / 68 S. Main St	treet	BEL	e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF First DECEASED (Type or print) Jane	Middle Foltz	Spitzer 4. DA			Year 1959
Female White WIDOWE		Jan. 10,1916	9. AGE (In years last birthday) 42 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  Dress Making L	kind of Business or Industration	Leitersburg	eign country) g, Md	12. CITIZEN C	F WHAT COUNTRY
13. FATHER'S NAME Harvey C. Albin		Lucy E. Fol	tz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unknown)  No  (If yes, give wor or doler of service)	0 01 000/	therine L. Delay Daugh	Address	wn, Mary	yland
Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying cause last.	lor (o), (b), ond (c).} uffocation by b	nanging		ONS	RVAL BETWEIN ET AND DEATH
I OK I FRIMARI LA OF CONTRIBUTING LI I DA -	E HOW INJURY OCCURRED. (En	ot related to the terminal di	ort It of item 18.1		PERFORMED? YES NO
20c. FIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f.		(County) Wash	(Stote) Md
21. I certify that I taak charge of the opinion death resulted from: Natural	causes [], Accident [			Inquiry	, and in my
ACTUAL SIGNATURE SI ROCERET U	9 elly	M.D. CHIEF MEDICAL EXAMINE			DATE SIGNED
1	Wells, M.D.	ASSISTANT MEDICAL EXAMIN	VER 🖸		2-16-59
burial (Pecify) 2-18-59	Cedar Lawn	Mem. Garden	Hagersto		(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY RI		TRAR'S SIGNATU	RE
Scott F. Minnich & So	n, Smithsburg	S, Md . DATES 19"	9 arthur	S. Kraus	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the costs, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bag or its designated agent, prior to burial, crematian, or removal, and in pay event within 72 hours after death. VS. A15ME 5M 2/57

HYARD ROCKED BY MINIST SIDES HIROSOFF OR BRIGHTH DESCRIPTION OF THE PARTY OF THE District on the second of the . And , awayens and nebrasi went them. Carden he are come, but the Scott T. Mingleh & S.H. Sattliatury, Fr. Ber 2/10 CERTIFICATE OF DEATH

112418

K	0110	CERTITIOA	IL OI DEATH		Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	e deceased lived. If institution b. COUNTY	Residence before admission) Washington
-	RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side corporate limits, write RUR	(AL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Washington Co. Hospital	oddress)	d. STREET ADDRESS	Ave	e. IS RESIDENCE ON A FARM? YES NO
j	3. NAME OF First DECEASED	Middle	Lost 4	DATE Month OF DEATH February	Day Yeor
	~ ab~ .	Lemuel  ED NEVER MARRIED   B.	Strock DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
I	Male White WIDOWER  100. USUAL OCCUPATION (Give kind of work done 10b. K		Jan. 27,188	50 / L yrs.	12. CITIZEN OF WHAT COUNTRY?
1	during most of working life, even if retired)	Retired	Hagerston		U. S. A.
ĺ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
l	Willoughby Stroc			uise Stocks	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown)  No  21.2		formant rs Ava M St:	rock \$8 East	Ave.
Ī	18. CAUSE OF DEATH [Enter only one couse per line	e for (0), (b), and (c).)		Hagerston	Mainterval BETWEEN
I	PART I. DEATH WAS CAUSED BY:	vocerdial	tn Large	tion	ONSET AND DEATH
I	1420.0 DUE TO	TUCOTETET	2010	CIVIN	20041
1	Conditions, if ony, which	HONERY T	thrombo.	vi v	2 d2x1
ı	couse (o), stoting the under- lying couse lost.  DUE TO  (c) A	rterioscle	rotic Heer	t Disess.	e 24+s
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINA	IL DISEASE CONDITION GIVEN	PERFORMED?
	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED.	(Enter nature of injury in Par	t 1 or Port II of item 18.)	YES NO Z
I					
	20c. TIME OF INJURY Month, Doy, Year 20d. IN. While of work	Not while focto	CE OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the decease	d from Oct -	1947, to Fa	6. 20 1959	that I last saw the deceased
ı	alive an Fab 19 , 195				d an the date stated above.
	ACTUAL SIGNATURE CL.	Hoffmen M.		Potomac s	
	PHYSICIAN'S NAME (Type) LIGY & A-/+	of Fman	Hageri	toun.	md.
	220. BURIAL, CREMATION, REMOVAL (Specify) Feb. 22/59	22c. NAME OF CEMETERY OR C	Cemetery 2	Ad. LOCATION (City, town, or Hagerstown.	
1	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	the same of the sa	BY REGISTRAR 246. REGISTR	RAR'S SIGNATURE
I	Andrew K. Coffman Ha	agerstown. Md	DATE	2 7 33	un S. France

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death.: Page 4 uneral director, may be retained by the haspital ar attending physician.

TO FUNERAL DIR COR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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Market Services			
		21.000	

death.

HOSPITAL

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			or health hand had a state of the	
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		241	.1	CER	TIFIC	ATE OF D	EATH				Reg. D	ist. No		
1, 1	PLACE OF DEATH o. COUNTY WE	ashingtom		M	ARYLAND	2. USUAL RESID o. STATE	ence (Where		lived. If in	JNTY .	n Reside Nash			síon)
	RURAL and give ne	autside corporate limi prest tawn) CStOWN	ts, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR T	own (If our agerst		ote limits, w	rite RU	RAL and	give ne	arest tow	n)
	OR INSTITUTION	at (If not in hospitol, g				d. STREET AI	odress andolp	h Ave	e				ON A	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Fir ROBI	RT		VKLIN	tosi THOM	1	OF DEATH		Month Fel		6		Year 19 59
5. 9	Male	6. COLOR OR RACE White	7. MARK		RRIED 🛣	B. DATE OF BIRTH  Janel	8 <b>,1</b> 959		9. AGE (In y last birtho	years day) yrs.	Manths	Days 18	Haurs	Min.
	NONe  FATHER'S NAME	N (Give kind of work on the street of the st	dane 10b.	None	S OR INDU		erstow	n, Md.	untry)			USA	F WHAT	T COUNTRY
15.	WAS DECEASED EVER	Robert F.Th	CES? 16.	SOCIAL SECURITY	NO. 17. I		R.Alt			Addre	258 77			262
(Ye	NO (	f yes, give war or dates of s  TH [Enter only one ca	ervice	None	Ro	bert F.T	homas	123 R	andol		Ha	gers	town	, Md.
ICATION	Conditions, if on gave rise to in cause (a), stating t lying cause last.	mediate (	)	egentlat.  Confributing to trasis	Hear	NOT RELATED TO	MA-P	AL DISEASE	CONDITIO	N GIVE	N IN PAI		19. WAS	ORMED?
MEDICAL CERTIFI	20d. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a.m. p. m.	CAUSE OF DEATH		Not while	20e. PL	ACE OF INJURY (I	lame, farm,			B.)		(County)		(State)
1				- 1	7			-		- 1-7.				4
	1	ELUS I	deceas 192 26	6	nat death	Ma2301			the causes the cause the causes the cause the cause the cause the causes the cause	ses ar			te stat	
220	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		sb by	22c. NAME OF C	EMETERY C	Ma 230	Y Par	PRESS (SIN	the caus	ses ar	nd on tate)		te stat	ed abave ATE SIGNE FAISY

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL VS A15 (4) 15M 9/55

may be retained by the hospital or attending physician.

O FUNERAL

CTOR: After this certificate has been signed by the attending physician and completely filled in a page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

suld be filed-with

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MARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 1
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2412

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. 12421

1. PLACE OF DEATH O. COUNTY ASHI	NGTON	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLAND	here deceased	b. COUNTY	oni Residence	e before odm	Ission)
	outside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If o	outside corpora	te limits, write R	URAL and gi	ve nearest to	wn)
HAGERST	OWN	ONE MONTH	HAGERS	TOWN	2	1103	. 2	
OR INSTITUTION	AL (If not in hospital, give stre		d. STREET ADDRESS				e, IS R ON	ESIDENCE A FARM?
JACKS	ON CONVALESO	ENT HOME	526 BROWN	AVEN	UE		YES	NO
NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mon		Day	Yeor
(Type or print)	MAUDE		WACHTER	DEATH	EBRUARY		1959	19
. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years lost birthdoy)		YEAR IF UN	
FEMALE	WHITE WIDO	WED DIVORCED	JANUARY 17	1885	74 yrs.	Months	Days Hour	s Min.
HOUSE WI	ing life, even if retired)	OWN HOME	BOONSBOR  14. MOTHER'S MAIDEN N	O WAS			S.A.	AT COUNTRY
SAMUEL	E.YOUNG		ELLA B.	COST				,
	R IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17	INFORMANT		5286	BROW	N AVE	
NO		219-20-1840 1	MISS EVELYN	WACHT		CRSTO		200
	TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	line for (o), (b), and (c).]	Hemorto	e			INTERVAL ONSET AN	BETWEEN ID DEATH
Conditions, if o		Drabetton	mellitre	,			Alisa	el year
gove rise to in couse (o), stating lying couse lost.		Hemip Ces	rà				9 n	w.
PART II. OTH	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	PERF	S AUTOPSY FORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in I	Port I or Port I	l of item 18.)	4		
20c. TIME OF INJUR Hour o. m. p. m.	Whi		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.		or town)	(Co	ounty)	(Stote)
ACTUAL SIGNATURE	at lattended the decent 21, 19 20 Mylling hilip J. Hirsh	1/3		ADDRESS (Stre	the causes o	and an the	e date sta	e deceased ited above DATE SIGNED
20. BURIAL, CREMATIO		22c. NAME OF CEMETERY	OR CREMATORY  CEMETERY	22d. LOCATIO	ON (City, Iown, C	or county)	(St	ote)
23. FUNERAL DIRECTOR		A CORESS	Cres Mg DATE FI	D BY REGISTREB 2 6 '5		STRAR'S SIGI		

#### MARYLAND STATE DEPARTMENT OF HEALTH-BARTIMORE 18

CERTIFICATE OF DEATH

3135

STREET, STREET

## FOR STATE HEALTH DEPT.

d of Health, Debt.

99

TO DEPUTY MEDICAL EXAMINER: This certificate should be exactled within 24 hours after death. If any delay is press execute the case, writing the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral 4 should be to worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 72 yr TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours effer death.

VS. A15ME 5M 2/57 0

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 24 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-									well or	MI. 140.		
	PLACE OF DEATH	Washington		MARYLANG	O STATE		Vhere decease	ed lived. If institu b. COUNT			ngto	
Ь	end give nearest town Hagers	town	PURAL	c. LENGTH OF STAY IN 16	c. CITY O		outside corp	orote limits, write	RURAL ond	give nee	prest tow	rn)
C	. NAME OF HOSPIT	AL OR INSTITUTION		ospitol. give street oddress) ty Hospital	d. STREET						ON A	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Fii He	rry	Middle W	Wes	aver	4. DATE OF DEATH	Monii Feb		Doy	Ye	or 9 59
5. S	Male	6. COLOR OR RACE White	7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT			9. AGE (In years last birthday) 69 yrs.	IF UNDER		-	R 24 HRS. Min.
100 d	. USUAL OCCUPATION of working Retire	glife, even it refired)		KIND OF BUSINESS OR INDU Grain Elevator			or foreign co	-	1	USA	WHAT C	COUNTRY
13.	FATHER'S NAME	lartin L We	aver		14. MOTHER'S	MAIDEN N						
15. [Yes,	WAS DECEASED EV.	ER IN U. S. ARMED FO	sucrice)		INFORMANT	tie We	aver-	Maugansv	ville,	Mar	ylar	nd
	Conditions, if or gove rise to immed (a), stating the cause last.	liote couse		terioscleortic Acute coronar			rt dis	ease				
CERTIFICATION	PART II, OTH	er significant con None	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART		PERFOR	
	20g. EXTERNAL CAL PRIMARY OF OF CON CAUSE OF DEATH.	ISE WAS NTRIBUTING []		BE HOW INJURY OCCURRED.	(Enter noture of i	njury in Parl	I or Fort II o	of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	None 19	Wh	. INJURY OCCURRED 20e. PL ile Not while work ot work	ACE OF INJURY ( ctory, street, office NONE	Home, form e bldg., etc.	20f. (City	or town)	(Cour	nty)		(Stote)
		resulted from:	Votural	remains described ab causes X, Accident	, Suicid	MEDICAL EX	domicide	, Undete		ionner	DATE SIG	77.10
	EXAMINER'S NAME (Type)	S. R	ober	t Wells, M.D.			EXAMINER			2-2	6-59	)
220	BURIAL CREMATIO REMOVAL (Specify) Burial	N. 226. DATE THEREC		Reiff Cemet				ion (City, town, our foss, A		nd	(Stote)	
23.	A. E. Mi		(	ADDRESS Greencastle, Pa	1.	DATEMA	BY REGISTR	AR 24b. REGIS	trar's sign	NATURE		
-									The same of the sa	X 1/2985/5		-

# MARCHARD SMITE DEPARTMENT OF HEALTH DEDRAMONE IN

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1		varle, to MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 1	8
		Countersigned D.M. E  Countersigned D.M. E  CERTIFICATE OF DEATH	02423
ge 4	M		Reg. Dist. No.
I director		ACCOUNTY WAS hin to the County Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution a. STATE b. COUNTY b. COUNTY	in: Residence before admission)
erol d		CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside carporate limits, write RU	Trederick
		RURAL and give nearest lown)	/ O X -
offer de	0,	I. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS  OR INSTITUTION	e. IS RESIDENCE ON A FARM?
by by	0/	Washing to . Most, 1842 Middleton, 1	M Z YES NO D
24 ho		HAME OF First Middle Last 4. DATE Month Propo or print) homys harfame 1/6 Winfield Jy DEATH 2	
ly fill		1130 5118	IF UNDER 1 YEAR IF UNDER 24 HRS.
olete rs.		M WIDOWED DIVORCED 14/29/58 GMOS ME.	Months Days Hours Min.
com com pape		USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
and son property		- MARY INV	4.5.74
cian carb		Thomas Laters have Winfield Sr. Catherines West	
ertifica physic remave Phours		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addre	ess
= = 0 1		Thomas Winfield Sr.	- More.
deoth tending		18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
the of other int w		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Fouth I drend Insufficient	ONSET AND DEATH
that by th	1	DUE TO	91.
res led		gove rise to immediate DUETO	8 Ms.
requian.		lying couse tast.  (c) Watchown Indeeds Typhone	
law hysici bee bee l-tran	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The ph bas has	d	20g ACCIDENT WAS INDESTRUMED 1 20h DESCRIBE HOW INTROVOCCIONED (5 )	YES NO
AN: endirecte		20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR EITHER, NOTIFY MEDICAL EXAMINER;	
r officertiff os		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
PH lal a this r use		Hour o. jt. While Nat while factory, street, affice bldg., etc.) p. m. 19 of work of work	
ospii ffer ed fo		21. I certify that I attended the deceased from 2/21, 1959, to 2/21, 1959	,that I last saw the decease
he he horizen		alive on 1915, and that death occurred at 522 P.M. from the causes ar	nd an the date stated above
ATT of de de		ACTUAL SIGNATURE M.D. 101 King Struct	fale) PATE SIGNE
Pri G	1		1-113
RAL shot		PHYSICIAN'S Kichigard A. Young Itayrolom, Ad.	<u>'</u>
moy be FUNE poge 3	8	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or REMOVAL (Specify)	county) (Stote)
TO HOUSE	2)	Durial is 24-193 9 M. Carmel U. 12 Cem. Trederick	TRAR'S SIGNATURE
VS A15 (4) 15M 9/55	9	240. REC D II RECOISING	than S. Frank
		2081202 XV5	

TE OF DEATH		,
		mor cramo a onen riano
AND RECORD AND ADDRESS OF THE STATE OF THE S		
	to partition of mark	THE RELLA
The state of the s		SEPTEMBER AND S

### **CERTIFICATE OF DEATI**

H-BAL	TIMORE, 1	8			
1			ist. No		424
ero decease	d lived. If institution b. COUNTY	on: Reside			sion)
ulside corpo	prote limils, write R	URAL ond	give ne	arest low	n)
ederic	k St.,			e. IS RES	FARM?
4. DATE OF DEATH	Mon 2	th	2		Year 19 59
	9. AGE (In years last birthday) 71 yrs.	IF UNDE Manths	Days	IF UND Hours	ER 24 HRS. Min.

	PLACE OF DEATH D. COUNTY	Washington		MAR	<b>LAND</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington						
	c. CITY OR TOWN (IF RURAL ond give ne Hagers	outside corporate limit arest town) COWN	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If oulside corpo	prote limits, write R	URAL ond give	nearest lown)		
	OR INSTITUTION	AL (If not in hospital, gi	-	oddress)		d. STREET ADDRESS  541 Frederick St.,  e. IS RESIDER ON A FAI YES N						
- 1	NAME OF DECEASED Type or print)	Fire <b>Tru</b> i	nan	Middle L		Wolf	4. DATE OF DEATH	Mon 2		Day Year 28 19 59		
S. S	male	6. COLOR OR RACE white	WIDOW	DIVORCE	0 🗆	B. DATE OF BIRTH 5-1-1887		9. AGE (In years last birthdoy) 71 yrs.	Manths Day	YS Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  carpenter  self employed  Boonsboro,				oro, Md			OF WHAT COUNTRY?				
13.	FATHER'S NAME  Fr	ank Wolf				14. MOTHER'S MAIDE	N NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown)   (If yes, give wor or dates of service)						Add						
		mediate (	Co	oronary T	hro	mbosis Cardio <b>v</b> asc	cular 1	Disease		onierval Between onset and Death of hours.		
<b>FIFICATION</b>	20a, ACCIDENT WAS	UNDERLYING (7)	I	None.	Pit	NOT RELATED TO THE TE			'EN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO		
MEDICAL CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Haur a. m. p. m.	MEDICAL EXAMINER)	r 20d. It	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY (Home, fi story, street, office bldg.,	orm, 20f. (City		(Coun	oty) (State)		
		R.A.Bel	19:	of, and that	death	8, 1959, to accurred al0:4 M.D. 119 Nor Hagerst	ADDRESS (Sorth Pot	n the causes a reet, city or town,	ind an the state) treet,	date stated above.  DATE SIGNED		
	BURIAL, CREMATION REMOVAL (Specify) DUTIAL	3-3-59		Boonsbo		R CREMATORY	Boon	IION (City, town, o		(State)		

DATEMAR 4

D FUNERAL DING FOR: After this certificate has been signed by the attending physician and completely filled in by uneral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 skulld be filed with the registrar prior to burial, cremation, or removal, and in any event within 22 hours ofter death. may be retaine the hospital or attending physician.

TO FUNERAL DIM COR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit.

within 24 hours ofter death. Page 4

requires that the deoth certificate be executed

VS A1S (4) 1SM 10/S7

Fred W. Kraiss

Hagerstown, Md.

E	BENEFIT THE PERSON		The other stills	MULEY IL
	This years are			
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		- 1 C C C C C C C C C C C C C C C C C C		
	He M 14 2 15 75 191			

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2416 **CERTIFICATE OF DEATH** 

				reg. Dist. 140.
1. PLACE OF DEATH o. COUNTY	MARYLAND	a. STATE	ere deceased lived. If institutions b, COUNTY WASHIN	
WASHINGTON		MARYLAND		
<ul> <li>b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	utside carporote limits, write RUR	AL and give nearest town)
HAGERSTOWN	3 WEEKS	X BOONSBOR	RO	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
	HOSPITAL.	NORTH MA	IN STREET	YES NO NO
3. NAME OF First	Middle	Lost	4. DATE Month	Day Year
DECEASED (Type or print) SUSAN	T	YOUNKINS	DEATH FEBRUARY	
	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
			last birthday) N	Aanths Days Haurs Min.
TEMALE WHITE WIDOV		OCTOBER 18	1886 72 yrs.	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	I. KIND OF BUSINESS OR INDU	SIRT III, BIRITIPLACE (STORE	ar rareign country)	12. CHIZEN OF WHAT COUNTRY
NONE	NOUSE WORK		IN FRED CO.MD	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
EMORY YOUNKINS		EMMA RA	Y	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	217 30 7304 1	RS MERIAM	KELLEY BOONSB	ORO MD.
18. CAUSE OF DEATH [Enter only one cause per			CELLULE I BOUNDE	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Concecti	ve heart fa	ilure	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congepor	VC 110011		T week.
4 dd. DUE TO				5 37
Conditions, if ony, which ) (b) A	rteriosclerot	ic C. V. di	sease	5 Yrs.
gave rise to immediate cause (o), stating the under-				
lying cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN	INPART 1(0) 19. WAS AUTOPSY
5 Pneumonitis of th	ne right lung	and carcin	noma of the c	olon PERFORMED?
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I ar Part II of item 18.)	
	INTERNAL OCCUPATION 20- BL	ACE OF INJURY (U	Tool too	
Thour a.m. While		ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc.	)	(Caunty) (State)
p. m. 19 at we	ork at wark		1 2050	
21. I certify that I attended the decea	sed from July 1	957, 19 to B'	ep. 25, 1959	that I last saw the decease
alive an Dec. 24, 1950	. and that death	accurred at 10 - P-		d on the date stated abov
7,11 6	> /'		ADDRESS (Street, city or town, sto	
ACTUAL ///	Il De	Mn Sharp	sburg. Md.	2/27/59
SIGNATURE (		M.D. SIIAID	000.67	
PHYSICIAN'S Walter H.	Shealy M. D.	100000000000000000000000000000000000000		
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tawn, or e	caunty) (State)
BURIAL FEB. 28 1950	BOONSBOROO	EMETERY	BOONSBORO	MD.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE
John The Dank	- 10 masses	Md DASEAR	2 '59 Cathan	8 traus
	V CE D WOOK	I VIII		

HTASO TO STADENTHE THE RESERVE OF THE PARTY OF THE E (= 2 - and the little bell) held the best of the little bell bell the little store, all real of the contract materials and the contract of A STATE OF THE STA M. C. Stephen

ALEXA ME